

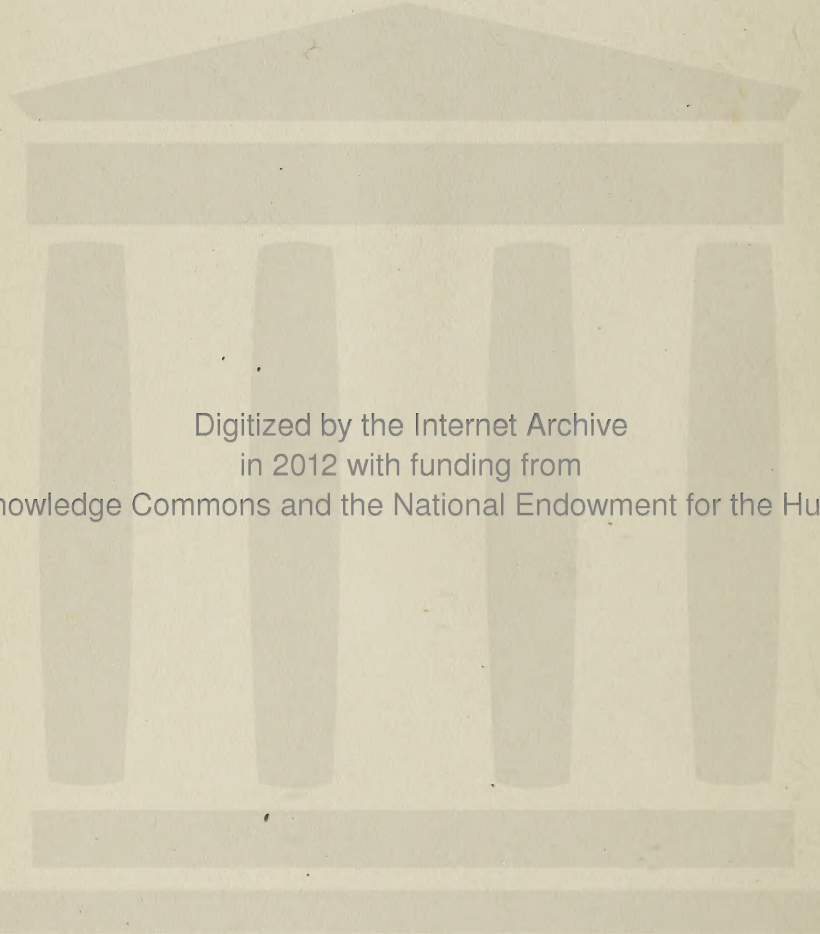
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THE  
NEW-ENGLAND  
MEDICAL GAZETTE.

A Monthly Journal  
OF  
HOMŒOPATHIC MEDICINE.

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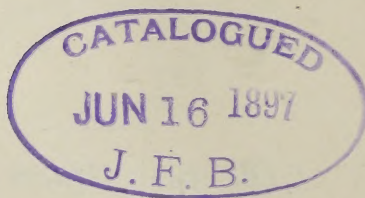
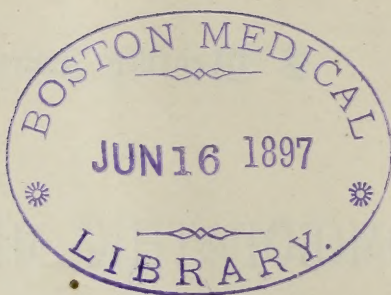
*“Die milde Macht ist gross.”*

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VOLUME XXX.

BOSTON :  
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1895.

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# NEW-ENGLAND MEDICAL GAZETTE.

No. 1.

JANUARY, 1895.

VOL. XXX.

## COMMUNICATIONS.

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### *FIVE CASES OF MULTIPLE NEURITIS.*

BY CONRAD WESSELHOEFT, M.D., BOSTON, MASS.

In order to estimate the following detailed cases at their value, it is proper to state the general symptoms and cause of neuritis as now recognized. The statements in text-books are to be read with the understanding that they are ideal cases compounded of numerous observations. The picture thus drawn will facilitate the appreciation of the cases to be described.

Pathologists recognize a simple form of neuritis arising as a consequence of previous diseases or lesions, and a transmission of an inflammatory process from other organs to the nerves; this may proceed from wounds or disease; the chief characteristic of the neuritis is pain, not only felt in the starting point, but in the whole course of the nerve or nerves upon which it has seized, and is followed by the usual signs of nerve affection, such as dulness of sensibility and motor disturbance.

The second form recognized, and distinguished from the former, is the primary multiple degenerative neuritis, the typical character of which is now pretty accurately known.

It generally begins quite acutely after the manner of an acute infectious disease, with a rise of temperature, weakness, headache, even mild delirium may supervene. Pain is never wanting, and constitutes the most characteristic feature. It is tearing and drawing, and seated chiefly in the lumbar region and in the extremities following approximately the course of the larger nerve trunks; as articular swellings are sometimes observed, the disease might easily be mistaken for acute articular rheumatism. Soon after these initial symptoms, paralytic symptoms, generally of the lower extremities, are to be noticed, sometimes remaining confined to the legs, but usually extending over the arms. The paralysis is one of general or muscular relaxation more or less extended over different parts. The re-

flexes are always much reduced, and tendinous reflexes are mostly entirely absent, with diminished electrical excitability in the afflicted nerves and muscles; this finally develops into decided degenerative reaction, which, if it takes a chronic course, gives rise to distinct muscular atrophy. While the initial symptoms of irritability of sensation may now begin to decline, numerous lesser pains, paræsthesia and great sensitiveness of the paretic parts remain, especially when pressed upon or moved. The pulse is very frequent throughout the disease. Severe sweating, eruptions and other trophic disturbances are to be noticed, and are not very rare. The course of the disease may be a rapidly fatal termination in severe cases, almost invariably through paralysis of the respiratory muscles, so that after a week or ten days death ensues in consequence of inhibited respiration.

Another group of cases may begin acutely but runs a chronic course, after which improvement may set in, but not without great muscular atrophy. A third group of cases runs a chronic course from the beginning with extended atrophic paralysis of the upper and lower extremities with diminishing reflexes.

It is probably impossible to devise a scheme of this disease comprehending all the ways and manners in which it may manifest itself, and the following cases will show some distinct variations from the symptomatology of the text-books, although the described cases will all bear the marks of genuine cases. These are to be described in detail in order that the course of each may be compared with the others as well as with the typical character of the text books.

CASE I. April 14, 1885. F. P——, a boy of sixteen; had not been well for a week, and is in bed for twenty-four hours; he attributes his illness to hard riding on horseback a week ago, which may and may not have anything to do with the case, as the boy was vigorous and not likely to be affected by violent exercise. His symptoms were much heat at night, then frontal headache, pain in the abdomen and epigastrium, the exact place of which he is unable to define; considerable tenderness of the epigastric region, and some diarrhœa. This pain lasted all day, and increased in severity, but changed its place from the epigastric region well up into the thorax, and of such severity that the patient groaned continuously with anguish. Temperature, 103.4; pulse, 84; skin felt cool. Prescr. Bel. 3x., warm compresses.

April 15th the acute pain was perceptibly lessened, but there was excessive soreness and pain of all the muscles (as if from excessive horse back riding, being unused to it). Pulse soft and weak, later in the day feeble and irregular. The constant groaning and expression were indicative of much pain; now centered in the left side of the abdomen; the face was pale; res-

piration, 66; temperature, 101.1, and to these symptoms were now added decided dyspnœa, consisting of short inspirations and expirations; because deeper breathing caused much pain in the epigastrium, followed by vomiting of green matter. (Rhus., later Veratr.)

April 16th, opened with every indication of improvement, for the patient had been quiet all night, but the pain and the impeded breathing began again about 7 A.M. Physical examination showed that the dyspnœa arose from want of power to inflate the lungs, which were free and clear in every other respect; meantime the pulse was quiet, and the skin cool. The nausea and vomiting have ceased, there have been two loose movements of the bowels, and the patient wants something to eat. Temperature, 101.1. (Rhus.)

This improvement continued for thirty-six hours, when on the evening of April 17th, the patient had a violent pain in the clavicular region and pain on swallowing, which on April 18th changed its place and was felt in the arms and legs which were stiff, and could not be moved without pain, while the respiration again became labored.

From this date, April 18th, there was no change of symptoms except in intensity of pain which again centered in the epigastric region; the breathing became more labored from paralysis of the thoracic walls and diaphragm, and spreading from these parts to the limbs which the patient could not move. Amid these symptoms of painful paralysis of the limbs, the muscles of respiration and deglutition, the patient died on May 1st.

CASE 2. G. H. A.—. Sept. 17, 1892, may be designated as the beginning of a very painful, chronic variety of neuritis, which for several reasons deserves to be classified with the other cases mentioned here.

The patient was a man of fifty, whose mental and bodily vigor had been gradually failing for a year, rendering exertion in attending to his business extremely irksome. Always of hypochondriacal disposition, his failing strength led to a state of abject despondency without any impairment of his mental faculties. This condition was increased at this state by painless diarrhœa, scanty and accompanied by flatus, loss of appetite, copious sweats, nausea before eating and occasional vomiting. This condition was entirely relieved by Aloes, 3x, yet the patient did not rally, and between Sept. 17th and Oct. 25th, presented the following condition: Extreme emaciation; appetite did not return; will not and cannot eat, except with great reluctance. This finally proved to be caused by inability to swallow. Food when swallowed oppresses, sticks in œsophagus; bodily weakness is excessive, can hardly rise from his bed or

stand on his feet ; he sleeps fairly well, when not harrowed by a severe pain, now in the left side of chest and hypochondrium ; the pain is of neuralgic kind, and difficult to locate by the patient, who bears palpation well. The pain shifts its place from time to time, going from chest to epigastrium ; emaciation was at that time extreme. Vomited once at night. (Nux. v., Ars., Rhus.)

By Nov. 13th, symptoms continued in the same manner, but were more distressing, the pain which was now described as burning and sinking, extended from epigastrium to the abdomen, and tormented the patient, especially at night ; the inability to swallow food continued, but the patient forced himself to take a fair amount of nutriment. Examination of the abdomen discloses neither tenderness nor any suspicious development in the abdominal organs, which are easily examined on account of the great emaciation. (Pulsat. Massage seems to agree).

From the above date to Dec. 1st the symptoms did not change. He could swallow with great exertion, forcing himself to eat soup, fish cooked in milk, gruel, etc., but of each only in very small quantities. Still the emaciation increased, even the pain made his nights particularly intolerable, still extending down in the left side and into the stomach, sometimes in one place, sometimes in another. No thirst.

At one time the suspicion arose of malignant disease of the stomach or bowels. Although such a condition might have prevailed, the extreme emaciation would have made it possible to detect it ; palpation and percussion yielded entirely negative results, there being no intestinal resistance or hardness anywhere to be detected. Op. 3x. ; later, Plumb. 3x.

Dec. 8. The pain began about three p. m., and lasted all night ; massage relieved it.

From Dec. 9th to 13th the nights were more tolerable after Plumb. 3x continued.

From Dec. 14th to the 25th the pain again became excessive, the patient became thinner and sallow, muscular atrophy having reached a high degree, so that it was difficult to determine whether the inability to move arose from atrophy or paralysis ; the absence of tendon-reflexes points to the latter ; nor was the paralysis of the respiratory centres so marked in this case, as that of the organs of deglutition. For what appeared like want of appetite was disinclination to make the attempt at swallowing. The amount of food was small, amounting to a pint in twenty-four hours ; this was maintained to the last, and caused no inconvenience when once introduced into the stomach. The stools were very scanty, but digested, indicating that this function was not seriously interfered with.

The patient died on Dec. 28. An autopsy could not be obtained though very desirable. If it was not malignant disease of the abdominal organs, none of which, including kidneys, manifested any pathological conditions, and no dropsical symptoms, an autopsy could only have revealed grave degenerative disease of the nerves. This, however, is very difficult to demonstrate in ordinary autopsies, especially in chronic cases, where, if the neuritis takes its origin in the peripheral nerves, whence its progress is centripetal, — a fact as yet not fully corroborated — the anterior spinal roots, and the spinal cord itself will, in such cases, be found to be perfectly intact. (Strümpel, vol. II, p. 117).

CASE 3. If the preceding case exhibited many doubtful and anomalous conditions, the present case approached typical multiple neuritis very closely. Miss —; age, 25. Had an attack of a febrile and painful character, accompanied by wandering pain shifting between head and wrists, and excessive hyperæsthesia, lasting from May 1st to 29th, 1891. This, though lasting many days, was light in character, and resembled a febrile rheumatic attack; but in the light of the symptoms to be described, it must be regarded as distinctly neurotic in its character.

Dec. 31, 1892, the same patient, after travelling about all day in her professional calling, often sitting in cold rooms on two particularly cold and dark days, with snow and dampness, now felt sick and weak; temperature, high; pulse, very frequent; her head felt like “a ball of pain,” and her throat was very painful. (Acon. 3x, Atrop. 3x and Bry. 3x).

This condition, with a temperature varying from 104° to 101°, continued until Jan. 4th, 1893, when, under the influence of above medicines, there was a lull in the violence of the symptoms, the patient appearing much better.

From Jan. 5th to 10th she changed for the worse again, these fluctuations of alternating improvement and aggravation lasting throughout the whole disease. Now the pains in the head began again in the form of sharp, painful twinges, alternating with grinding pain which diminished in violence during the latter part of the day. Then, again, the pain was described as a “lameness all over” or in various places, in head, arms or abdomen, making sleep impossible during the night. The temperature now ranged between 101° to 103°. The pulse was still frequent but softer, with the appearance of sweat, and excessive thirst, but with inability to drink. (Rhus. China).

Jan. 10th was a day of improvement with temperature at 99°, but excessive pain and dryness of the throat without visible inflammation. (Aconite, China, Bell).

All this time there were increasing signs of the characterizing symptoms of this form of neuritis; inability to move or change position, owing to progressing weakness of the legs and arms; sighing respiration also began to make its appearance, while the hyperæsthesia of the affected parts was great.

From Jan. 11th to the 18th, the patient's neck was excessively stiff (spastic), couldn't lie in any position on account of "soreness," nights very restless, mind confused, much thirst, and drank much water; but the last nights were quieter, with the temperature from 101.4 to 102.6. Pulse, 112. (Colch. Arsen).

The period from Jan. 15th to 19th was one of perceptible improvement in regard to pain and sleep. Some looseness of the bowels for two days; the pains, now in the chest, were constant, but the most distressing and peculiar symptom was dryness of the mouth with constant desire to swallow and great pain on attempting it, the pain extending downward in the direction of the œsophagus; nevertheless, she could and did swallow water constantly, notwithstanding the difficulty of doing so. (Bry., Bell., Coccus).

From Jan. 20th to 21st, under the use of Bell. and also Coccus, there was a cessation of the spastic conditions of pharynx and œsophagus, no visible signs of inflammation were noticeable, and notwithstanding the sensation of dryness, the parts were moist, the appetite increased, and broth was much relished. Temperature, 102.

On the 22d, swallowing became very difficult again; awoke often with gagging and retching of thick mucus. Pulse small and frequent; Atrop. 3x.

From this time, Jan. 23d, improvement became permanent; the gagging and desire to swallow lessened, the pain and soreness diminished; slept five to six hours at a time during the night, and the following day was much quieter. (Omit Atrop. 3x).

Improvement now progressed, but not without occasional interruptions by diarrhœa, occasional gagging (brought on by the thought of swallowing), and at times complaining of lameness all over. Muscular atrophy had become very marked, together with inability to move, which was in its nature paralytic, though when we consider the inability to take food, the wasting process was to be accounted for fairly by that, but the inability to move the limbs and the excessive helplessness were evidently due to paralytic causes.

Trophic effects such as a troublesome and violently smarting erythema of hypogastrium and groins were not wanting. Convalescence, however, was steady but slow, and not fully established until March 27th.

CASE 4. June 3, 1893. Mrs. C——, aged 35, whom I had examined repeatedly for one year on account of a large uterine fibroma (which, however, had caused no peculiar disturbance except large varicose veins on the legs), now reports that she is sleepless, lies awake most of the time some nights, and is weak and tired in the day time; that her legs ache so that walking is very irksome, all of which was attributed to her recent journey to Chicago and sight-seeing.

On June 29th, the patient reported that she felt much better, although the varicose veins were slightly more swollen and some pain still continued to be present.

Oct. 26th, patient reported much "rheumatic pains in the knees and legs generally, also in her chest and shoulders, and that she had vomited last night. (Bry.) Still she continued to call at the office until Nov. 1st, showing signs of much fatigue, pallor and palpitation; so that it was necessary to visit her at her home.

Nov. 3d to 6th the condition presented itself as somnolence; great pain in left occipital protuberance; thighs very sore to the touch; much thirst; sweat in sleep; a languid, indifferent state in which she declines to talk; temperature from  $100^{\circ}$  to  $101^{\circ}$ ; occasional nose bleed. (Puls., Rhus., Merc. viv. 3x.)

From Nov. 7th to 15th there were distinct signs of amelioration; the occipital pain was much better; had slept remarkably well some nights; there remained only slight soreness, but there was repeated epistaxis; the bowels were obstinately torpid, (stools very scanty for one month), and on the 13th there was vomiting of foul-tasting matter, obviously of fecal nature.

Nov. 15th. This fecal vomiting with obstruction was attributable to the fibroid which at this date began to enlarge, became very tender and apparently the cause of decided feeling of pressure upon the intestines and bladder. The pains elsewhere had nearly subsided or were much lessened, while they seemed now to be concentrated in the fibroid tumor. Temperature,  $99.2^{\circ}$ ; pulse, 120; (Rhus.) water enemata.

Nov. 17th. Three copious operations, one quite natural; epistaxis again; tumor still enlarged, but much less tender. (Rhus.)

Nov. 18th. Pains leaving tumor, and beginning again in the legs and chest; sleeps well; bowels moved again freely. Temperature,  $99.4$ ; pulse, 88. (Acon.)

During all these days accompanying the pain, there was a perceptible decline in muscular strength of arms and legs, which she could hardly raise, while the hyperæsthesia was very marked, as was also muscular atrophy and general wasting; decidedly more than mere loss of flesh.

From Nov. 19th to 23rd the symptoms increased in violence with remissions. The pain in the legs causes her to groan incessantly; sudden vomiting occurs occasionally; the nights are very restless; although patient obtains several hours sleep and freedom from pain after Atrop. sulph. 3x. During all this the bowels continue to move after injections; the temperature has fallen to normal as well as the pulse, while the patient groans with excess of pain, which now shifted from the left shoulder, to stomach, having subsided for the time in the limbs. (Ferr., China., Rhus., Atrop.)

From Nov. 23rd to 25th there was to be noted a general aggravation of the patient's general condition, with occasional vomiting and shifting pain, until Nov. 24th. At this date the voice began to fail, sinking to a high feeble falsetto, while there was a constant, waving motion of the hands. By this time the patient was unable to state her feelings, voiceless and unable to use her hands, the grasp being very weak.

Nov. 25th the breathing which had been labored and sighing, is now distinctly paralyzed. The pulse weak, nose pinched; pain and oppression of chest, as well as great tenderness, especially of the legs, cause much anguish. Death occurred Nov. 27th at 7 A.M.

CASE 5. May 1, 1894. Miss —, age 27, May 1st, was a case so light and of such short duration, that perhaps it might not deserve enumeration, were it not for the presence of distinct neuritic and neurotic symptoms. During her menstrual period the patient overexerted herself in transacting various amounts of business involving much walking about the streets, and irregular meals, so that on the last day of April she had severe headache, sore throat and rigors all night, which culminated next day in violent pains in the epigastrium and abdomen, extending through to the back. These pains, beginning on the second of May, were most violent on the third. Temperature,  $101^{\circ}$ ; pulse 85. The sore throat had ceased suddenly, the pain having shifted to the other regions named. Accompanying these pains there was a perceptible inability to use the arms and legs which were highly sensitive. (Aconite, Rhus.)

May 4th. Patient had slept; the pain was less, and she is now sleepy; from this time to May 13th convalescence progressed; the nights were spent in comfortable sleep, but the pains and weakness of the limbs subsided gradually. The menses did not return until due at the next period.

*Analytical Comparison of Cases.* The diseases with which multiple neuritis, as represented by the foregoing cases, may be held to have diagnostic resemblance, are certain forms of

rheumatism, and that form of spinal degenerative disease known as poliomyelitis. If it is to be assumed, at least for the present, that multiple neuritis and poliomyelitis are typical diseases, occurring often enough in the same form and always to be distinguished by the same peculiarities, it should not be over difficult to distinguish them from each other. In multiple neuritis the distinguishing mark is the always constant pain which is very pronounced, while the paralysis is masked by it, in as much as the inability to move may be attributed to the excessive pain, which, however, on close examination, proves not to be the only reason for loss of motion in legs and arms. The very marked relaxation of which is quite noticeable when the pain is absent or has shifted to some other part.

In poliomyelitis, on the other hand, the pain is much less marked, and the paralysis very distinct. As Strümpel indicates, the difference between the two forms may not be an essential one, and not all cases of subacute poliomyelitis are of certain diagnosis.

It appears to the writer that in the present state of our knowledge of nerve degeneration, there is much sameness in that process, differing chiefly in its outward manifestations, according to the parts where it begins or runs its course. The basis of it is always destruction of nerve cells, with or without inflammation and proliferation of connective tissue, whether in the white or the grey matter.

It is true that inflammation ending in degeneration of tissue-elements often begins and runs its course in certain localities, and that these determine a certain course for the process, so that we are able to recognize these processes as so many typical forms of diseases, such as multiple neuritis, poliomyelitis, tabes dorsalis, progressive bulbar paralysis, etc.

It is also true that there are a number of forms of nerve disease which, though arranged in the text-book as typical forms, are often very difficult to differentiate, as myelitis, acute and chronic; progressive spinal muscular atrophy, ascending spinal paralysis, not necessarily excluding amyotrophic lateral sclerosis.

As given in general text-books with their often theoretical diagnostic symptoms, these forms of disease are said all to be easily diagnosed. This would be so if the typical symptoms of each were always present unmingled with other conflicting elements. Thus Strümpel says of progressive muscular atrophy, that its diagnosis is not difficult if the definition of the disease is closely adhered to, and not confused with other affections in which muscular atrophy is only a symptom, which, under certain conditions, may have another source.

There is the difficulty. In these days when the physician is

overwhelmed with neuroses of all kinds, and desires conscientiously to know all he can about them, he must soon arrive at the conclusion that the arrangement of typical diseases is all proper enough, but not so well founded as treatises promise it to be. Thus, there is no anatomical or pathological reason why inflammation and degeneration of multiple neuritis should only reach and be confined to the sensory columns, as it virtually does not; nor is there any reason why the degenerative process of poliomyelitis should remain confined to the motor columns or their gray matter as it virtually does not.

The result is that the typical rule is often altered by exceptions; and these result from the greater primary rule that inflammation may begin everywhere and cause degenerative processes in any direction, which at present cannot be circumscribed in such a way as to make diagnosis of any case easy and absolute, which in such cases is the exception.

Possibly the five cases described above may be doubted as belonging to the type claimed for them. The reason for calling them multiple neuritis, was the invariable presence of symptoms constituting this typical form. These symptoms were severe pains in back and limbs, and in the course of large nerve trunks.

In my cases these pains did not only occur in those places, but in several the pains were located in the chest and epigastric region with the peculiarity of often changing their place and sometimes intermitting.

Hyperæsthesia was present in all of the cases, and very pronounced in some of them. This sensitiveness to touch could not always be at once distinguished from the severe neuralgic pain, which, however, it is possible to do in the course of the disease, the neuralgic limb or other part evincing no special pain when touched or handled.

Paralysis usually described as appearing first in the legs, then in the arms, was also conspicuously present in the four first named cases, but its character was also obscured by the neuralgic shifting pain, as well as by the hyperæsthesia which seemed in itself to make motion difficult; but during the absence of pain the limpness and utter helplessness of the patient became apparent.

Where death occurred in these cases it was due to paralysis of the respiratory muscles, but associated and preceded by paralytic dysphagia, very distinct in cases 1, 2, 3 and 4. In Case 4 this was combined with paralysis of the vocal muscles, in such a manner that the actual inability to articulate or to swallow seemed like disinclination to do so. The patients refused food or to speak, not because they did not want to do so, but

because they could not make the organs respond to the will.

In cases 1 and 4 the tendon-reflexes at the knee were gone; in case 2 a very chronic one, they were diminished as far as it was possible to ascertain, on account of the impossibility of placing the patients in the proper position for the test.

Moreover, atrophy was also generally present to a degree varying with the duration of the paralysis. In the chronic case, No. 2, it was very apparent, while in those of shorter duration it was less so, and the wasting was due more to an absorption of fat than of muscle.

In two of my cases there was vomiting; in one about the sixth day; in another, about the twenty-fourth day, in the form of retching; in this case attributable to the dysphagia with constant desire to swallow.

In three of these cases, Nos. 1, 2 and 3, diarrhœa was present. In No. 1 it was readily controlled in the beginning, also in the beginning of No. 2. In the third case, diarrhœa occurred about the thirty-fifth day.

In the fatal cases as well as in the two which recovered, swelling of the feet and ankles was present.

The symptom described as "wrist-drop," though present in four of these cases, was neither striking nor remarkable. It might as well have been called ankle—or knee—drop, as it proceeded entirely from the general paralytic limpness and helplessness of the patients.

*The treatment of these cases* consisted of the ordinary hygienic measures and good nursing. Sometimes cool, sometimes warm compresses to the painful parts. The diet was always adapted to what the patient could swallow, generally gruels and broths, as concentrated and nutritious as possible. Milk was used as freely as patients could be persuaded to take it. They were urged to drink water when they did not incline to do so, and to drink of it as much as they desired when thirsty.

None of these patients could sit up, with the exception of the chronic case, No. 2, and he only for a short time. The rest were confined to their beds where no position in which they were placed was found comfortable, making frequent changes of posture necessary.

The medicines used were Aconite, Aloes, Atropia sulph., Bell., Bry., Coccus, China, Colch., Nux v., Op., Gels., Plumb., Rhus, Strychnine sulph., Veratrum alb.

Of these the following were of most efficient service: In Case 2 which, though fatal, seemed at one time to be on a fair way toward recovery, *Bryonia* and *Veratrum alb.* seemed at one time to have turned the scale. The former, when the thoracic pains

impeded respiration; so that the patient could not inflate the lungs, produced easy respiration, the pain ceased, while the green vomiting and diarrhoea were relieved by the latter medicine. At another period *Aconite* lessened the violent pain in the sternum, ribs and diaphragm at the same time, with the very painful breathing. But these fatal symptoms returned without being permanently controlled by any medicine.

In the recorded case, *Pulsatilla* at one time so much ameliorated the shifting pains, and gave so much relief that the circumstance deserves to be mentioned; also the relief derived from *Arsenic* by the subsidence of the pains when located in the abdomen, and of a burning kind with periodical aggravation.

In the third case, *Bryonia* relieved the violent pain in the head, much aggravated by motion and accompanied by high temperature. *Aconite* relieved the excessive dryness of the mouth, painful deglutition and the "lameness all over." But to *Atropia sulph.* 3x must be given the credit for permanently establishing improvement at a period when swallowing was most difficult with constant, irresistible desire to do so; gagging of thick viscid mucus from the throat, and small, rapid pulse.

In the fourth case, which terminated fatally, *Strychnia sulphurica* 3x relieved the foul vomiting and intestinal obstruction, the dry tongue and general restlessness from inability to move. The relief was so obvious that for the time the prognosis seemed quite favorable, because the obstructed intestines moved freely, and the relief from pain was expressed not only in words, but in the patient's face and general condition. At that time the pains and soreness concentrated in or about the large fibroid tumor; these symptoms were almost entirely made to subside by *Rhus tox.* Unfortunately, they returned to an intolerable degree in the limbs and chest, where *Atropia sulph.* 3x again exhibited its power by checking these pains and producing several hours of quiet sleep, by reducing the rapid pulse to a normal rate, while the skin became cool. In this fatal disease improvements did not last; the most that could be obtained was a temporary delusive respite.

The fifth and lightest case of thirteen days' duration was fortunately arrested by *Aconite*, and later, *Rhus tox.* when the epigastric and abdominal pains resembled colic, and were associated with great lameness and soreness through to the back.

In the fatal cases, and toward their end, when the milder remedies ceased to bring any relief in the intense suffering of the patient *Morphia sulph.* was given, and the often repeated observation verified that one-tenth of a grain dissolved in water, and administered in teaspoonful doses, being a sufficient measure of relief, up to the approaching end, when the suffering can

be greatly mitigated by dissolving one-fifth of a grain and using it as above. When used in larger doses and often, its effects are soon exhausted, and there is nothing left to mitigate the last hours of suffering.

This article should not be closed without a word of commendation for Cocculus, which is indicated in cases of paralytic dysphagia. It seemed to relieve that symptom in three of the above cases, paving the way for atropia. The chief reason for its use in these cases is its power to produce hemiplegia, partial or entire. Hence, when deglutition is impeded by paralysis of one side of the pharynx, this medicine may prove very serviceable.

#### *THE USE OF MASSAGE IN THE TREATMENT OF THE EAR, AND THE VARIOUS METHODS OF APPLYING IT.*

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[*Read before the Boston Homœopathic Medical Society.*]

If one has recourse to the standard text-books upon the ear for information in regard to the application of massage to that organ, the search will end in disappointment. Of the works of twenty-four authors, standing foremost in the profession of four different countries, I find only five mentioning the subject in any way whatever, and these only in short and detached paragraphs. Yet, in spite of this, massage of the ear has been employed for years by aurists, and there has been a growing feeling that, theoretically, it is exceptionally well adapted to the treatment of many of the most obstinate conditions of the ear which we are called upon to combat; and that, practically, only some better mode of application is needed to ensure the results hoped for. So each man has been fumbling along, getting the best results he can, and meeting with just enough encouragement to make him wish he could accomplish more and to keep him trying again and again to do so, while his success is all the time not quite enough to encourage him to talk or write much about it.

The conditions to which aural massage is especially applicable, aside from external deformities, are the various forms of middle-ear rigidity, especially those attendant upon catarrhal states which are chronic or tending to become so, and also the annoying tinnitus aurium which so frequently accompanies these states. To improve the circulation which has become deficient, and to promote a better nutrition of the parts involved and a possibility of the absorption of interstitial deposits, is to turn back the course of disease; and with restored or increased

mobility comes a restoration of hearing, in part at least, while the lessened pressure and rigidity and a newly established equilibrium of the tympanic structures favors the cessation of the incessant subjective noises, which are often the most distressing feature of aural disease. This is the end to be attained by massage, an end which lies well within its province and whose attainment seems only dependent upon the way in which the massage is applied. Just here lies the difficulty and that it is no small one the years which have brought only partial success will best attest.

First in order of time came the ordinary manipulations of the auricle and surrounding parts, with strokings of the neck beneath the ear. These became a recognized aid in some conditions, more especially in modifying subjective noises, or quite recent catarrhal states. With a view to reaching the more advanced catarrhal conditions, and to produce a more distinctly localized effect upon the drumhead and tympanum, the systematic pressure of the tragus upon the meatus by means of the finger end, and its quick recoil, repeated fifty or one hundred times in regular succession at each treatment, was next employed. This manipulation is easily practised by the patient, once or twice daily as directed by the physician, and is still employed constantly by aurists, with reasonable success in appropriate cases.

Then came the adoption of instruments to obtain a greater mobility and a more thorough exercising of the deeper parts of the ear. Siegle's pneumatic speculum, fitted closely to the external canal so that a closed chamber was formed within which the air could be alternately compressed and rarified, was employed to produce inward and outward movements of the drum-head, which, regularly and rather quickly repeated, with more or less of force and for a brief period of time, became a sort of rude mechanical massage. The masseur of Delständer, an instrument more recently devised, works upon precisely the same principle. To act more directly upon the chain of conducting ossicles, with a view to overcoming ankylosis of their joints and, possibly, to increase the mobility of the foot-plate of the stapes in the oval window, the pressure-probe of Lucae was devised. This brings the gentle force of a spiral spring to bear directly upon the short process of the malleus and, in quick succession, this pressure is several times applied at each sitting by the trained hand of the operator, while the result is watched through the illuminated speculum. This, too, is a form of massage, and is still employed by aurists with a considerable measure of success in suitable cases, both in increasing the hearing power and in modifying or overcoming subjective noises.

These instruments are comparatively crude, however, as a means of applying massage, and both these and the ordinary manual procedures are now largely superseded by more recent modes of application. A distinct step in a new direction was made when Dr. Mahoney, of Washington, fitted a conversation tube, slightly modified in shape, with a vibrating diaphragm, in such manner that the sound of the human voice fell upon the ear of the listener so intensified and amplified that it became an instrument not only for aiding the hearing momentarily, as is done by an ordinary conversation tube, but for actually increasing the hearing power by virtue of a sort of massage which the ear received in its use. Following this came a more notable advance in the discriminating application of so-called vibratory force. This consists in conveying to the ear, through a tube fitted into the external canal, sound waves derived from some body in vibration, like the string of a musical instrument or the reed of an organ; or, in similar manner, conveying to the ear the percussion sound of some resonant body which receives regular and rapid strokes. The first instrument used in applying this kind of massage was the ordinary Edison phonograph with its cylinders especially prepared so as to produce trip-hammer effects of various degrees of intensity and varying rhythm, also noises of a kind to simulate those which are commonly complained of by patients, as well as musical tones of varying pitch and quality. The range and intensity of vibration thus obtained was found to be inadequate for the relief of many cases, however, though others improved in marked degree and greatly encouraged the first investigator, Dr. Garey, of Baltimore, in the development of his ideas and the improvement of his apparatus. The phonograph was honorably retired after a few months trial, therefore, and the so-called vibrometer, an instrument devised under Dr. Garey's own supervision, was introduced to the profession for the purpose of applying to the ears the new vibratory massage. This instrument resembles a banjo, slightly enlarged in size, which lies in a horizontal position in a shallow wooden box, resting upon an appropriate standard. The head of the banjo consists of a thin sheet of resonant wood instead of skin and the strings are stretched above it, supported by a bridge and tightened by keys in the usual manner. The neck of the instrument is provided with metallic frets, like the neck of a guitar, and a metallic leather-lined clamp, with a set-screw, is arranged to bind the strings firmly upon any fret so as to obtain and hold whatever note of the musical scale may be desired. The strings are struck by a revolving wheel, provided with projecting pins, or pickers, which is driven with great rapidity by means of a small electro-motor and a storage bat-

tery. When the force of percussion is desired it is obtained by the blow of a small hammer recoiling by the force of a spring upon the centre of the wooden sounding-board, which constitutes the head of the instrument, this hammer being lifted with greater or less rapidity and force by means of a revolving cam-wheel, driven by the same electro-motor. From beneath the sounding-board proceeds a rubber tube with bifurcation and ear pieces similar to those used with the phonograph, and this conveys to one or both ears of the patient the intensified sound of the instrument.

In its application either the percussion sound or the musical tone, or both, may be employed, the treatments lasting from one or two minutes to ten or fifteen each, according to the judgment and experience of the operator, and repeated once a week to once a day according to the nature and severity of the case. When subjective noises are present to which anything like musical pitch can be attributed, it is found by common experience that the best results are obtained when this same pitch is approximated, as nearly as may be, upon one of the strings of the instrument. When no definite pitch can be determined the general usage is to employ the lowest tones of the instrument in the treatment of a dull, roaring tinnitus and the very highest tones in the treatment of the sharp singing and chirping noises, often spoken of by patients as "grasshopper sounds" or "cricket sounds," which are a source of so great annoyance.

The results of treatment by the vibrometer are certainly gratifying and in some cases even astonishing, but in other cases there still comes failure and disappointment. These failures are believed to be often due to lack of experience and want of precision in the exact adaptation of the best form of vibratory force to individual cases. Investigation in this direction has by no means ceased, therefore, with the advent of the vibrometer, but this instrument is already regarded as simply marking another step in the course of experiment—a very definite step to be sure, but still only an advance towards some better application of vibratory massage and a better knowledge of its capabilities as a curative agent. Already a number of us prefer to use the vibration of an organ reed instead of the vibration of a string in the treatment of a majority of the cases in which tinnitus of a musical character exists. For investigation as to the best modes of employing these reeds we are chiefly indebted to our colleagues, Prof. Houghton, of New York, and Dr. Hooker, of Hartford, and we have instruments now available, which enable us to choose and employ with precision any musical tone through a range of seven and one half

octaves, instead of the relatively limited range of the vibrometer. Other cases of deafness in which no tinnitus exists, or in which the subjective noises are of some mechanical sort, without any assignable tone or pitch, yield sometimes the best results when treated by some form of electrical massage, which gives a quicker and more forcible impulse to the drum-head and conducting media than is obtained by other means. There are already available several different instruments by which the singing tones of a faradic battery, or, better by far, the sharp metallic click of its rheotome, exactly regulated and controlled in the rapidity of its contacts, can be conveyed to the ear by means of an adapted telephone transmitter. For the most perfect of these instruments of this class we are again indebted to Prof. Houghton.

It is more than probable that still other methods of applying vibratory massage to the ear will be devised in the immediate future and we may confidently expect to increase our knowledge of its uses, its benefits and its limitations, as the months pass. That it has wrought brilliant results in some cases, and has furnished us with a means of materially helping a large class of patients who without its aid would have little prospect of relief is, I think, the belief of all who have had much experience with this mode of treatment. That it is to be employed only with caution, or is not to be employed at all in certain other cases, I believe to be also the conviction of all who are experienced in its use, for it is undoubtedly capable of doing great harm when used carelessly or ignorantly. The most careful and painstaking discrimination and the most perfect apparatus available is requisite for the best success. In general the most striking results are obtained in chronic catarrhal affections of the middle ear, if not of too long standing, and at the end of acute suppurative attacks when the inflammation has subsided but resolution is progressing too slowly. The cases to which it is specially adapted and in which its use is of especial value, however, are those of chronic middle-ear sclerosis, the so-called chronic dry catarrh of the middle ear, which in advanced stages constitutes a class of cases so inveterate and intractable under treatment, that without this vibratory massage the physician is often well nigh without resources and the patient without hope. Any mode of treatment whatever which enables one to even check the progress of this disease is to be hailed as a God-send, and vibratory massage will do more than this in many such cases, even when far advanced, and yields most gratifying results when used persistently in earlier stages. The cases in which I avoid the use of this massage are, in general, all cases of deafness in which the labyrinth is the seat of the affection, the so-

called nervous deafness, as well as those in which there is any evidence of labyrinthine hyperæmia.

When we consider how short a time has passed since the first introduction of vibratory massage, and what results have already been attained by its use, we must acknowledge that there may be possibilities in this mode of treatment, which have not yet been realized and which can only be attained by continued experiment and a riper experience. It is not to be desired, however, that this should ever be expanded into a distinct system of treatment for aural affections. It should be maintained strictly as an adjunct of treatment, and used in conjunction with other approved aids and with appropriate internal medication.

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*TUBERCULOSIS IN CATTLE: THE TRUE REMEDY WILL BE FOUND ALONE IN HYGIENE.*

BY CHARLES E. PAGE, M.D., BOSTON, MASS.

"It is now suspected that the cow that jumped over the moon was tuberculous," says the *Boston Herald*, but the point of this little joke is dulled somewhat from the fact that athletics is both a preventive and cure of the disease. It is rather the cow that is clumsy, walks with slow and logy pace, is fat, big bellied, and altogether out of condition, from unhygienic surroundings, that has tuberculosis, is diseased through and through, in fact, while the ones that have freedom in the open air, natural exercise, and rational diet, are kept sprightly and in condition.

In truth, out of all the thousands of dairy cows "driven" (that is, grossly fed) for an abnormal yield of milk, while they are deprived of exercise and fresh air, there is not one really healthy creature, there cannot be one. Outside of our working oxen, the only healthy cattle are the herds on the plains, as the only healthy hogs are the ones that roam in freedom, getting a deal of exercise in the open air, with rather scant feed much of the time. The "razor-backs" of the South are as thin as a greyhound, and as fleet of foot, and compare with our domestic hogs, as hard-working oxen or the cattle on the plains do with stall-fed cattle and dairy cows.

"I fatten my cattle," said an intelligent and observing young farmer, "because it pays. The market demands fat creatures, so I have my barn very snug and warm, and feed high. My neighbor, on the other hand, is what is called a poor farmer; that is, his buildings are not of the best, his barn has broad cracks all around, which gives them pure air, and his cattle are never fat. He works his oxen hard, gives them enough to eat to keep them in full health and vigor, but nothing for surplus adipose. Mornings, in winter, when he turns them out into the

yard, they prance out like a lot of colts, kick up their heels and shake their horns like healthy creatures as they are, while mine will almost tumble down over the door-sill! His cows never give as much milk nor make as much butter as mine; but they are never sick, while mine often are, and I lose one now and then with milk fever, or some other disease resulting from high feeding; but I am farming for profit, and my heifers bring an extra price by reason of the great milk and butter record of their mothers, and I can afford to have a sick, or even a dead cow occasionally, providing I keep the fact quiet — not advertising the danger of the process necessary to 'drive the milk out of them.'"

In the course of an editorial on certain matters pertaining to legislation, the editor of the *Herald* says: "The whole order of nature proclaims a law of evolution of final symmetry through the conflict and resolution of antagonisms. Certainly the best of all symbols of the harmonious workings of the State is that of the harmonious working of the human [or animal] body. The body can be kept in order only on the system of strict proportional representation. Before the tribunal of the governing reason, the stomach puts in its claim to consideration, and the muscles theirs, and the heart and brain theirs. If the brain insists on sponging up all the forces for thought and study, the stomach raises an outcry, and the muscles sag, and the nerves say, 'Then, hang it, we won't sleep!' In vain does the brain plead, 'Oh! I will represent you all.' 'You cannot represent the digestive functions,' says the stomach. 'No, nor the respiratory,' says the lungs. 'If you do not let us represent ourselves, with full supplies of gastric juice and full supplies of fresh air, we will show you what a wretched tenement house we can make of the body.'"

In another column of the same issue occurs the following editorial note: "The war begun by the cattle commissioners against tuberculosis is being waged with a vigor and earnestness that betokens its extermination. It seems likely to play havoc with a great many herds of cattle, but the eradication of this disease from Massachusetts is something that can only be accomplished by heroic remedies, and that is the kind that is being applied." Manifestly, these two paragraphs were not penned by the same hand, and, in the writer's opinion, if the editor is really the possessor of so much bed-rock hygienic knowledge as is indicated in the first quotation, he might well assume the task of treating the subject of tuberculosis and of suggesting the true remedy, viz.: prevention, and not simply the execution of all the "patients," every one of which might by hygienic treatment be restored to sound health.

Something like a dozen years ago, at a meeting of the New Orleans Pathological Society, Dr. H. D. Schmidt, whose researches had been extended and minute, made an important microscopical demonstration for the purpose of disproving Dr. Koch's so-called discovery as to the cause of tuberculosis, showing that the condition of the lungs of patients dying of consumption was one of fatty degeneration, and the bacillus nothing less nor more than a scavenger of diseased tissue. This view has long been held by the present writer, that the disease known as tuberculosis, whether in the lower or higher animals, is, strictly speaking, one of tissue degeneration from fat, and manifestly no regimen could be devised, better calculated to produce it than that which has thus far proved pecuniarily profitable to the dairy farmers and beef producers, and which has been so aptly described by the young farmer whose language has been quoted.

Dr. John M. Parker, in the *Boston Medical and Surgical Journal* for Nov. 29, 1894, ("Sanitary Condition of Dairy Farms,") goes to the bottom of this whole matter, and shows such a deplorable and disgusting state of things among the greater proportion of dairy barns, that the wonder is that in some of these a single creature should go through the winter alive. By his tabulation of the condition of twelve barns he shows that eight out of the twelve have the manure in the cellar under the cows, and in these the stench was so great as almost to forbid breathing, for any one unaccustomed to the condition. "In only three farms out of the twelve," he says, "you will notice, is there any attempt at ventilation, and even in these it is more in name than fact. And in no single barn that I have been in is there any provision made for the admission of fresh air." "In the great majority of dairy farms," continues Dr. Parker, "there is not even a trace of ventilation, while the cattle are packed in as close as they can conveniently be put. A cow has about four or five times the lung capacity of a man, yet on many of the farms each cow has only a tithe of the space required by a child under seven years of age, and that without ventilation!"

While our herds are deprived of exercise, of fresh air, and of light, (the greatest germicides known, these two last), and at the same time fed beyond reason, why should all the attention of our commissioners be given to the mere discovery of the especially diseased ones among the victims of abuse, and to their slaughter, instead of having the wrong conditions righted, thus giving us healthy cows and a supply of really wholesome milk, even if we must pay a higher price for it, as undoubtedly will be the case?

It is unquestionably true that cows that are kept in a healthy

condition, by the only possible means, viz.: giving them plenty of out-door exercise, and plenty of fresh air in the barn, both night and day, and no more food than required for their best nourishment, with freedom from crowding, that is, giving plenty of room for each individual, and hence a smaller number kept by each farmer, — will give less milk ; so that the farmers must have a larger price for what amount of milk they can supply. They must either invest more capital and keep a great many more cows, at greater outlay for barns, or be content with producing a small amount of milk, the cost of production being enhanced in any case.

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*THE WHITEHEAD AND AMERICAN OPERATIONS FOR HEMORRHOIDS AND OTHER DISEASED CONDITIONS OF THE RECTUM.*

BY F. W. HALSEY, M.D., BOSTON, MASS.

[*Read before the Worcester County Homœopathic Medical Society.*]

An interesting review of medical fads by the orator at our last State society meeting, is responsible for the thoughts called out in this paper, and your worthy Chairman of the Surgical Bureau is alone to blame for this opportunity given me of relieving myself of these same pressing ideas at your expense.

Fortunately, the majority of fads are harmless and die a natural death. This is not always true, however, and occasionally one of these illusions, particularly in medicine and surgery, runs a fierce race and does not a little mischief before it burns itself out.

It is always easy to criticise, and rarely pleasant to appear in the guise of a disturber or puller-down of edifices, but at the risk of creating an unfavorable impression, the writer feels called on to assume the role to-day and asks your earnest attention and consideration, that you may join him in a critical study of these operations to the end that if they are dangerous and needlessly severe, as he believes them to be, it may be so determined.

Mr. Walter Whitehead in an article which appeared in the *British Medical Journal*, Feb. 6th, 1887, described a new operation for hemorrhoids devised by himself, the details of which are as follows: The sphincter ani being thoroughly dilated, the mucous membrane is separated from the skin around the entire circumference of the anus, the hemorrhoidal plexus of veins is now dissected away, cutting down with the scissors and clearing away all tissue covering the sphincter. This dissection is carried up about an inch, going as high as the parts show disease. The bowel is now cut away transversely around its entire cir-

cumference, bleeding vessels are now secured, and the severed mucous membrane is brought down and stitched to the skin below.

He claims for the operation, as points of superiority over others already in use, its simplicity and harmony with the most approved surgical principles; its being a radical cure; devoid of risk; the few instruments required; the slight pain experienced after operation, and the small loss of blood. Were it possible to demonstrate and make good all these claims, our duty would be clear and all other operations would be superseded by this method, both in practice and teaching.

What are the facts?

Not long after this paper appeared, Dr. Kelsey, of New York, took occasion to criticise and deny most of the important points made by Mr. Whitehead. Quite a spicy correspondence ensued, Dr. Kelsey having much the better of the argument in my judgment. Shortly after this, while pursuing clinical work in this line in London, I determined to run down to Birmingham and see Mr. Whitehead do the operation. This, however, was rendered unnecessary from the fact that Dr. Allingham had but lately returned from such a trip, having gone by special invitation of Mr. Whitehead, and he kindly agreed to operate after Mr. Whitehead's method for my benefit. This he did, and although an expert surgeon, the operation consumed forty minutes. In commenting on the method, Dr. Allingham said, "Mr. Whitehead took thirty-five minutes to do it, and much blood was lost." The operation did not appeal to him at all, and he gave quite a number of reasons for not liking it, some of which will be spoken of when discussing the American.

Three years since, the writer went to New York purposely to look up the records of the Whitehead operation. All the leading hospitals in the city were visited, and in only one, the Presbyterian, was it being performed. The length of time it had been in use here (one year) was not sufficient to test its permanency. In all the others, it had been tried and discarded. In Boston, although tested by many of the leading surgeons, it has found little favor, and to-day, as a complete Whitehead, it is rarely done by any one.

Concerning the American operation, so-called, Dr. Pratt, the father of the same, says: "It was born in the back parlor of 190 Eugene St., Chicago, in November, 1889;" but in the light of its history and adoption by unskilled workmen, its application for the cure of anything and everything, in the judgment of the writer it seems unfortunate that it did not prove a miscarriage rather than a full-term child.

In the first place, the name is an unfortunate one, and liable

to create prejudice, giving it a national prominence it does not deserve, for it is nothing more or less than the Whitehead done backwards.

Secondarily, but of more importance, it is a needlessly severe operation, based on unscientific principles and entailing so many unfortunate results as to make its expediency except in the most aggravated cases, extremely doubtful.

The Whitehead and the Pratt accomplish exactly the same results, differing simply in technique. Dr. Pratt dilates the sphincter and pulls down the rectal wall. This is then seized by T forceps of his own design around the entire circumference of the gut, at the upper border of the disease. The mucous membrane is now cut through just above these forceps. All tissue, diseased or otherwise, covering the sphincter is dissected away, cleanly, down to the skin bordering the anus, and everything is cut away at this point. The severed mucous membrane from above is now brought down and stitched to the skin.

What, then, are some of the dangers and disadvantages of this Pratt operation? Let me quote from its originator, who surely ought to know.

"The mucous membrane is sometimes so friable that the stitches will cut through, and the membrane retract in isolated places or around the entire circumference of the anus. In many cases, it results in the formation of a stricture, which nothing but time, repeated dilatation, and an extended course of faithful attention on the part of the subject, can overcome. It occasionally in weakened conditions of the longitudinal fibres of the intestine, especially where the skin has been a little too generously sacrificed, induces ectropium of the anus, which remains as an irritable and annoying result, taking sometimes several weeks or months to overcome. Sometimes the integument will be drawn into the anus upon one side but not upon the other. Sometimes, instead of healing perfectly by first intention, as it should, the mucous membrane and skin will separate for a short distance, leaving an annoying sulcus about the anus. Sometimes the mucous membrane is a little thicker than the integument, and will require much subsequent trimming with the scissors to secure a satisfactory smoothness of the surface. Sometimes the tissues about the anus will become somewhat tumefied, and present so clumsy a covering for the sphincter as to make the part unwieldly, and the patient will be annoyed by an occasional escape of flatus or even fecal matter, especially if the bowels are inclined to be loose, which unpleasant state of affairs may prevail anywhere from a month or two, to a year or two. Sometimes in dilatation of a strictured anus which has resulted from the operation, fissures will be formed which are

quite obstinate in their nature, and become a source of great annoyance to both patient and doctor for many weeks. In some cases, reflex bladder symptoms will supervene; in others, catarrh of the rectum and sigmoid will be apparently induced; while in yet others, the patient may be thrown into a condition of constipation sufficiently obstinate to test the good nature of both patient and doctor to the extreme, and so on through the list of undesirable and unpleasant sequelæ."

It would seem to me that this list of objections was nearly long enough, and yet Dr. Pratt admits that it is not complete. In almost every case which has come under my observation, one of two conditions has prevailed, ectropium to a greater or less degree, and for which but little can be done, or incontinence has existed, for the relief of which subsequent surgery is not always successful.

If the mucous membrane attaches itself to the sphincter muscle, its freedom of movement is impaired and loss of power must follow. This accounts, I think, for the frequent incontinence following the operation. If, on the other hand, the mucous membrane does not attach itself to the muscle, retraction or ectropium usually results. Either of these conditions is more to be feared than the tendency to stricture so often noticed as a sequela, for subsequent treatment will cure or relieve the stricture, but for these unfortunate results surgery avails but little.

The writer will attack both operations on another point. The principle excuse for the inception of the Whitehead, and I doubt not the Pratt operation as well, was the effort to establish an absolutely radical method for treating hemorrhoids, no device at present having proven so.

In both these operations described, you will remember that the mucous membrane is cut off above the diseased tissue and then pulled down and stitched to the skin around the anus. This stitching process cannot but weaken the already dilated and varicose arteries and veins lying just underneath the mucous coat of the bowel, for the point at which the veins dip through the muscular coat and run external to the bowel proper is some four inches from the anus. What, then, is to prevent weakened vessels, (the conditions which first provoked the disease being present) taking on a pathological state once more. Indeed, in my judgment, this seems far more likely than after the operations by clamp or cautery, or the ligature, where something of a cicatrix is left affording considerable protection by its density.

The absence of valves in the veins of the rectum would seem like an oversight on the part of nature, and susceptible of im-

provement. It may be like that useless vermiform appendix, a result of our imperfect evolution. When man perambulated on all fours, (if he ever did) no veins in this locality were necessary. Since assuming the upright position, other organs have conformed to this new order of things, and in time all may be right, even to the missing valves. Setting aside the apparent oversight of our Creator, the anatomical arrangement of involuntary muscles, the delicate and sensitive nerve fibres controlling the action of these muscles, the perfect adjustment and blending of mucous membrane into skin tissue, the distribution of arteries, veins, lymphatics and connective tissue, in their relation and intimate connection with these muscles, have always appealed to me as a most admirable and wonderful arrangement. What do these operations effect. They remove everything down to the muscle; vessels, nerves, connective tissue and all; the mucous membrane is pulled down from above, stitched to the skin, trusting it will adhere; what has been a perfect anus sensitive to irritation, obedient and responsive to the will, becomes now a mere bung-hole. Surely this is not conservative surgery. As between the two operations, the Pratt method is easier to perform, neater and more workmanlike and the least objectionable. The truth of the matter lies here. These operations were not conceived so much in a spirit of radicalism, as with a desire to do a pretty operation leaving a finished looking effect, and give a little notoriety to the surgeons so conceiving. As most of you know, Dr. Pratt does not limit his operation to the removal of hemorrhoids, in fact, for this disease he does not always do it, but he advises its use for any and almost all chronic diseases, and herein lies the danger.

It must be extremely annoying, to the patient at least, to submit to an operation, unnecessary as far as any local discomfort is concerned, in the hope of being relieved of some reflex trouble, and find that not only has the operation failed to cure them, but it has rendered them permanently miserable at the anal outlet, where before they had never suffered at all. And yet, the large majority of chronic invalids will grasp eagerly at any chance held out to them for relief, and will submit without a murmur to this or any other method that promises a cure. The writer heartily agrees with Dr. Pratt in the belief that a very large number of chronic ailments, have their origin in an irritation of the terminal branches of the pudic and sacral nerves, resultant from a diseased rectum, the symptoms being purely reflex, and he has demonstrated this point in a great many cases during the past twelve years, by simply clearing up the pathological condition, removing all abnormal and diseased

tissue, and thus curing the patient perfectly, and this without resorting to either of these operations.

At the last meeting of our American Institute, it was the consensus of opinion of those who had performed the Pratt operation frequently, that it was a procedure followed by so many unfavorable results, that it should be attempted only as a last resort. Dr. Pratt says this himself in his writing, but in his practice and teaching we are led to believe he goes to the other extreme. Is such an enthusiast (and the word is a mild one) a safe man to follow?

If in the presentation of the negative side of this subject, the writer shall have thrown sufficient light on it to allow a clear view he will feel well repaid.

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*APROPOS OF THE "AMERICAN OPERATION."*

BY L. A. PHILLIPS, M.D., BOSTON.

*[Report from Memory of Remarks at the Worcester Co. Hom. Medical Society].*

I very much regret that the paper on the Whitehead and the American operations is not here to be read, as it was especially to hear this that I came to the meeting.

Of the Whitehead I claim to know but little; of the American I think I may claim that I do know considerable. I expected to hear this operation severely criticised, and even condemned, and I esteem it a privilege to be able to defend it. I think you will observe that those who criticise and condemn this operation, do so on purely theoretical grounds, without practical experience, or personal knowledge of its merits or demerits.

Having spent several weeks in the observation and study of the operation, and its application to the class of cases in which it was indicated, with opportunities for examination of the patients before, and following the operation, and also having the privilege of examining numerous cases several months after the operation, and having myself during the past year operated upon sixty or more of this class of cases, I think I may claim to speak with some knowledge of the subject.

In the first place, the American operation is applied, not to healthy tissues, but only and always for the removal of pathological conditions. It is not however, simply and solely, or even chiefly for the cure of hemorrhoids, but with a view to its effect upon various diseased conditions which we find to be dependent upon rectal pathology. I need not, perhaps, offer any description of the operation, yet I will say briefly, it consists in the removal of the lower inch or less, of the mucous lining of the rectum, beginning at the line which distinctly

marks the end of healthy, and the beginning of unhealthy tissue; this with the underlying hemorrhoidal tumors is dissected away down to the sphincter muscle, and to the point of union between the skin and mucous membrane, where it is amputated, and then the healthy mucous membrane above is drawn down, (after being loosened from the underlying cellular tissues, to prevent traction,) and united by continuous suture to the margin of the skin, thus leaving no open wound, but a clean, smooth membrane covering the external sphincter, to form a new anus. The time has gone by when we can ignore the influence and importance of the sympathetic nervous system, and its intimate connection with the orifices of the body.

It has been proved, not only by clinical experience but by anatomical and physiological experiment, that all the vital or automatic processes and functions are wholly or chiefly under the control of this system of nerves, and dependent upon them for healthy action; that is, the vital force is the sympathetic nerve force, and the disturbance of this is necessarily followed or attended by the derangement of the involuntary or automatic processes in various parts of the body. Thus we find digestion, circulation, nutrition, secretion, and excretion, all under the control of this system of nerves, and when these are seriously disturbed, reasoning from effect to cause, we may be sure that at some orifice where the terminal fibres of these nerves come near the surface, or within the grasp of sphincter muscles, we may find if we seek it, pathological conditions which are interfering with the normal, rhythmic action which characterizes all organs under control of this system. It must be realized also that these nerve fibres are not sensitive; their injury does not necessarily cause pain; they do not report back to the brain through the cerebro-spinal system, but to the cœliac plexus or abdominal brain, and other central ganglia, and thence the disturbance is conveyed to the various organs, and chiefly manifested wherever the greatest weakness exists.

I am quite sure that no one who has seen cases operated upon, and watched the results, can fail to appreciate the value and importance of the American operation; and I think the criticism on the part of physicians and surgeons, comes chiefly from their lack of appreciation of the connection and relation of rectal disease to other parts of the body.

Now you will be told that very serious difficulties result from the American operation, in some cases difficulties worse than those which it was intended to relieve, such as incontinence, ectropium of the anus, and even complete loss of control.

Now while it is true that such cases may be found, they are the results of accident or carelessness on the part of the opera-

tor, and are not at all due to the American operation, properly performed. In the sixty cases in which I have operated, only two have failed to heal by first intention, and only two have had any lasting loss of control, and that only partial, and entirely relieved or overcome within six or eight months, and, since it has been the means of curing many cases which I could not otherwise have cured, cases which had resisted the long continued efforts of some of our best physicians, even to the cure of so-called hopeless cases of insanity, I feel that I have reason to uphold the American operation as one deserving of recognition, not as a cure all, but as a valuable measure in appropriate cases.

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*A DEFENSE AND CLINICAL RÉSUMÉ OF ORIFICIAL SURGERY.*

BY M. O. TERRY, M.D., UTICA, N. Y.

[Read before the Massachusetts Surgical and Gynecological Society.]

It has taken the members of the new school of medicine, denominated the homœopathic, a long time, nearly one hundred years, or since the promulgation of the principle *similia similibus curantur*, to discover how misleading the law is when we depend upon indications represented to us by the endless index of symptomatology. It is to Prof. E. H. Pratt to whom we are indebted for directing our attention more particularly to reflexes, and by study and clinical observations of the same have we been able to discriminate in regard to just when and where symptomatology comes in, for we have noted that it is frequently the case that pain in the region of the heart, or of the lungs, bladder or stomach is simply an irritated branch of a connecting ganglia which has been irritated in its circuitous route from the original point of irritation. If, therefore, we wish to prescribe homœopathically it is necessary for us to clearly differentiate between reflected and true diseases. In my opinion when symptoms proceed from a true centre, or directly from the disease, as in pleurisy, the homœopathic application of drugs excels all other methods as to rapidity of cure and for definite results.

It will be some time before orificial surgeons at large will settle down to scientific differential methods, and, therefore, this new surgery will necessarily be brought to some extent into ridicule. It has its permanent place, however, just as the homœopathic law of cure, and the one need not be jealous of the other.

If the question be asked, "Will you tell us wherein you have been most successful, or in what class of so-called diseases, or array of symptoms?" I will gladly give my observation from a two years' experience. The most wonderful results in my ob-

servation have been in various skin diseases, without any attempt at giving the correct names of them respectively.

A nurse in Faxon Hospital, at Utica, N. Y., was obliged to leave on account of chronic eczema, which completely covered her face and hands. Her mother had died of cancer of the forehead. In this case internal and external medication seemed, if anything, to aggravate the disease. Slowly the thickening and breaking of the skin and ulceration increased until the girl informed me she must leave the hospital. I stated that my services were at her disposal, and like the straw seized by a drowning person I was requested to do whatever seemed best for her relief. The loosening of the hood of the clitoris, dilatation and clipping of irritated points at the various outlets of the body resulted in a complete and permanent cure. To-day she is clerking in a store. Her face and hands are free from any skin disorder and without the aid of any drugs.

A gentleman who had had cracks and squamous eruptions, with swelled joints of the hands, for nearly eighteen years, who had been under treatment by no lesser a light in the medical world than one of New York's most distinguished dermatologists; and who had been treated for syphilis by the same without any reason or cause, and had had the doubtful advantage of internal and external medication of all sorts most of the time, consulted me. I simply stretched the rectum, gave no remedies, nor used any external application and in thirty days his hands were perfectly smooth and free from any skin disease. On his second visit I was surprised at this result as shown by his presence. He asked if I anticipated that the joints would reduce in size. I said, "I do not think so." "Well, I think they are smaller, just the same," he said, which proved to be true. This seemed to show that I had not sufficient confidence in orificial surgery. But I prefer to err on the right side. I have no fads in medicine or surgery.

Perhaps there is no disease more greatly dreaded than phthisis. Orificial surgery will cure cases that would end fatally without its aid. A certain per cent. are curable by one method, another fraction by another. Actual phthisis induced by neurotic or reflex origin is in many cases successfully treated by removing the distal point of pathology.

For instance, in the case of a woman who had borne a child two years before and who lapsed into a chronic condition of an interstitial inflammation of the lungs, with the various symptoms of phthisis, such as a temperature ranging from 99.5 to 102.5, night sweats, almost continual cough, emaciation and loss of appetite; a case which examination showed progressive infiltration and obstruction of the air cells and which had a lac-

erated cervix; a case in which her sister had died of phthisis the year previous to her incipient illness; a case which had been slowly but surely and for months getting worse; a case which had resisted local applications to the uterus, remedies of all sorts to reduce the temperature, but without success, which was turned toward recovery at once by the operation of trachelorrhaphy. The temperature dropped in this case the same day to 97.6 and never reached 99 afterward, and within two months she had gained twenty pounds. This certainly shows the effects of the practical application of orificial philosophy, and stamps it as an adjuvant in neurotic phthisis of no mean importance. In cystic irritation the cause can often be traced to peripheral irritation located at the clitoris, rectum or associate organs. So in stomach disorders of all sorts it frequently happens that it is reflected irritation.

When you have tested your "indicated remedies" for some time and have obtained transitory results, which are continued only so long as your prescription lasts, it will be well always to examine your patient most carefully lest you be the victim of neglect and some competitor awarded superior diagnostic skill, and as well as accredited resources beyond your apparent limit.

Many cases of insanity in my observation are made worse after the operative procedure, but the secondary effect is most satisfactory. It is my opinion that a conservative orificial surgeon should be connected with each of our State Hospitals for the Insane.

And, lastly, neurasthenia, which, in its various manifestations may produce most of the symptoms possible for nerves to enunciate, imitating about all of the diseases indexed in a work on general practice, causing heart pain without heart disease, lung pain and cough without any pathological condition existing may be removed in many cases by giving attention to the source of the transmitted pain, which has ended in general nerve exhaustion with its neuralgic manifestations.

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EFFECTS OF THE SUN ON BACTERIA. — The recent study of micro-organisms has explained facts which we know to exist, but for which no intelligent reason could be given. The power of the sun's rays in destroying or modifying the action of many of the innumerable varieties of micro-organisms has been demonstrated in a marked degree, especially by the experiments of Dr. Palermo, of Naples. It was found that Koch's cholera bacilli, now almost universally credited with producing cholera in man, and which are fatal to guinea-pigs in about eighteen hours, if exposed to the sun's rays from three and a half to four hours, were perfectly harmless. In these experiments another fact was brought out which may prove of great importance. It was found that guinea-pigs in whom inoculation had produced marked attacks of cholera from which they had recovered, were safe against any further attack, repeated inoculation producing no effect. If this is true of the pig, why may it not hold good in the human being, the inoculation not only producing a milder form of the disease, like kine pox, but rendering it cholera proof?

## EDITORIAL.

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*RECOVERIES OF THE INSANE IN MASSACHUSETTS.*

Under the above title an article appeared in the *Springfield Republican* for Dec. 16, '94, which should be of special interest to all who care for an impartial statement of facts. Physicians are not infrequently ardent partisans, especially where things medical are concerned, and in handling statistics they are apt to do as statisticians in general are wont to do, *i. e.*, manipulate figures with such dexterity as to support their peculiar views. The statistics under consideration, however, were evidently not compiled by a physician for purposes of self or party-glorification; they bear instead the stamp of critical non-partisanship. It is, therefore, particularly gratifying to homœopathists to note that the *Springfield Republican* credits homœopathy with making more recoveries and having fewer relapses than traditional treatment can record, and although the apparently much more favorable results at Westborough are by a rigid and drastic analysis of all the factors and figures connected therewith reduced to a minimum, there is still left solid testimony to the fact that homœopathic statistics possess a favorable showing that cannot be explained away.

The article as a whole seems to bear incontrovertible testimony

I. That strongly emphasizes the value of homœopathic treatment of the mentally unsound;

II. That establishes the deplorable fact that insanity is increasing out of proportion to the increase of population;

III. That suggests that on the whole the treatment of insanity is not encouraging as the percentage of recoveries is decreasing; and

IV. That the system pursued in Massachusetts of building great asylums for the treatment of the insane is neither wise nor progressive.

The inherent merits of the article are so marked that it is presented in its entirety.

"Although the reports of all the State asylums and hospitals for the insane are not yet accessible for the year ended October, 1894, enough of them are at hand to make their figures of recovery and death of some value. The four hospitals (mainly filled with asylum cases) at Northampton, Westboro, Danvers and Taunton show the following general results in the year :

	Northampton.	Westboro.	Danvers.	Taunton.	Total.
Whole number of insane patients,	643	789	1,188	1,097	3,717
Never in hospital before,	128	190	231	285	834
Readmitted to this hospital,	30	39	71	56	196
Formerly in other hospitals,	10	75	29	28	142
All admissions in the year,	168	304	331	365	1,168
Recoveries reported,	32	57	54	64	207
Deaths in hospital,	37	55	101	85	278
Remaining Oct. 1, 1894,	504	563	903	780	2,750
Increase since Oct. 1, 1893,	24	55	37	35	151
Average of patients,	494	526	879	766	2,665
Relapsed recoveries,	15	18	13	24	70

By 'relapsed recoveries' in this table are meant patients formerly discharged recovered from this hospital, and last year re-admitted to the same hospital. This number is seen to be 70, or more than one-third of all the reported recoveries for the year. Were the recoveries in another hospital than that to which last admitted, also counted, the sum of all such relapses would probably be 75. That this year's relapses are not unusual, may be seen by the fact that last year they were 18 at Northampton, 19 at Westboro', 13 at Danvers and 19 at Taunton, — 69 in all; while in 1892 they were 97. The whole number of these relapses at Westboro since that homœopathic hospital opened in December, 1886, has been 100; at Northampton in the same eight years, 113; at Danvers, 150, and at Taunton, 173, — a grand total of 536, or an average of 67 a year. During these years the reported recoveries (many of them of inebriates) were 1681 in all, — a little more than thrice the relapses.

Looking now at the four hospitals separately, Northampton in the eight years reported 250 recoveries and 113 relapses; Westboro, 621 recoveries and 100 relapses; Danvers, 446 recoveries and 150 relapses, and Taunton 364 recoveries and 173 relapses. By these figures alone, Westboro would seem to have but one relapse to 61.4 recoveries, — while Northampton had one for every 21.6 recoveries, Taunton, one for every 21.10 recoveries, and Danvers one for every 3 recoveries. But several facts must be allowed for, in correcting these proportions. The first is that Westboro was a new hospital in 1887, and had no reserve of hundreds of living recoveries out of which to receive relapsed cases, as the older hospitals had. Next, the hundreds of sobered inebriates reported at Westboro as recovered (as for the time they were) did not usually go back to the same hospital, when

they took to drink again. Finally, it may be that the Westboro medical men (as is apt to occur in a new hospital) counted too many insane persons as recovered, — but this would naturally reveal itself in more relapses, which does not seem to have been the case. On the whole, if we strike off 80 from their list, as inebriate recoveries, and add 30 to the relapses, as a compensating estimate for the odds in favor of a new hospital, we shall have 541 recoveries at Westboro and 130 relapses, — one relapse for every 4.1-6 recoveries, or about half as many as at Taunton, and much fewer than at Danvers.

Thus, when all allowance is made, we think it will prove that the homœopathic hospital in Massachusetts has made more recoveries and incurred fewer relapses than the older and larger hospitals. The very same observation was made in New York, by a physician who long inspected the State hospitals there; and some reasons exist why it may be so. A new hospital is put on its good behavior; it has a reputation to make, and will naturally give more thought to the cure of patients than one of established fame, especially if the latter is overcrowded, as all the old hospitals are, both in New York and with us. Then the homœopathic theory (not always lived up to, indeed) requires a closer personal attention to each phase and condition of the patient than does the common theory of medicine. Add to this that the Westboro hospital was the first of our State asylums to maintain a good training-school for attendants, and that its first superintendent paid unwonted attention to the special study of brain disease. He also had for years fewer patients, and wards less encumbered with unclassified insanity.

The net result of the four establishments named above does not encourage much hope for the curability of the insane, as things now are. With a total population last year of nearly 3,700 (the total above given needs to be reduced a little for duplication between the four) and with an admission of 834 new cases, — that is, persons never before under treatment, — only 207 recoveries are made; and the relapses show that about one in three of those will again be sent to an asylum. The percentage of recoveries on first admissions is not quite 25; on all admissions it is but 18; while the deaths outnumber the cures by nearly 40 per cent. In spite of all discharges and the fact that the death rate of the insane is three times as great as of the sane, the total in the establishments increases, — showing that "occurring insanity," or new cases, is gaining in excess of our gain in population. The increase in these four hospitals (of resident cases) was 151 in a year, or more than 5 per cent., while the readmitted cases were 338, as compared with 834 new cases, — pointing with certainty to a large reserve of chronic insanity

in the midst of society. And, upon the whole, recoveries are decreasing, while insanity becomes more common.

All this points to evil causes at work in private life, engendering this worst of all human maladies; it points also to serious mistakes in the State's dealing with insanity. Yielding to a fancied economy, and to the advice of unwise persons, Massachusetts has built great asylums, and is now building the biggest of all, instead of distributing the insane in small establishments, where they could have individual care and more constant occupation. The smallest of our State asylums, that in Bridgewater, is also the one which most constantly employs the labor of the largest proportion of its inmates. It is seldom possible to give so much occupation in a great hospital as in a smaller one; and where it is done, classification and separation exist to a greater degree than in any of our establishments. These are facts well known to the experienced; yet we go on expending millions of dollars in buildings that only impede the best care and employment of these unfortunates. When will Massachusetts be wiser, and apply common sense to this problem?"

As elucidating some of the points contained in the foregoing article, the following letter (printed in the *Springfield Republican* for Dec. 22) will prove suggestive.

*To the Editor of the Republican:* I have read with pleasure your article on the four State hospitals, and have had the curiosity to look over all our reports from the opening of this hospital in December, 1886. I find that my predecessor discharged but 76 inebriates as recovered, which is, you see, rather less than 80, as you have it. I have not discharged any of them as recovered since I have been superintendent. I find also that of those that were discharged as recovered, 20 subsequently returned to this hospital, but were not again discharged recovered.

The only fair way is to estimate recoveries on the acute curable forms of insanity, — excluding alcoholic cases, which often recover quickly but stay well only while they abstain from the use of intoxicants, and also recurrent cases. At the American medico-psychological association last June, tables were prepared in which a distinction was made between these acute cases and the recurrent cases and alcoholics. While a certain proportion of those admitted will return again, I do not think that it is so large a proportion as you are inclined to set forth.

Over one-half of the 100 relapsed recoveries in this hospital were of recurrent mania, including under that term circular insanity as well, and some of them have been recovered more than once at this hospital. These cases really ought to be in a separate class, and while they properly can be discharged recov-

ered, because they are well when they leave the hospital, we know that there is every probability of their having these attacks again so long as they live. Your summing up all the net result of recoveries in the four hospitals is not very encouraging, but I think by eliminating all recurrent cases it may be made a little more so.

You have made a very fair statement concerning this hospital, and yet, as you know, I do believe that in addition to all other favorable circumstances the fact that we use homœopathic treatment necessarily makes our recovery rate larger than any other hospital.

GEORGE S. ADAMS, Superintendent.

*Westboro, Dec. 18, 1894.*

The annexed comment on Dr. Adams' letter completes a symposium of unusual value and suggestiveness.

"This letter of the superintendent of the Westboro homœopathic insane hospital states very clearly the presence of a class of patients, with recurrent insanity or folie circulaire, as Esquirol calls it, who can never be expected fully to recover. Yet, in the old misleading statistics of cure, which Dr. Kirkbride defended so warmly against Dr. Earle's grave and sensible criticism, not only these temporary recoveries, but many inebriate restorations to sobriety also, were included in the totals of encouragement. On the whole, the class slowest to state fairly the facts of recovery and probability in regard to the insane has been the class of hospital superintendents. We are glad to note favorable exceptions, and an increasing willingness to let the darker side of their problem appear. Just now this class, with a few exceptions, are trying to believe, and to make others believe, that new cases of insanity are not increasing beyond the ratio of population, in England and America. We wish the fact were so, — but it will be found quite the contrary."

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#### EDITORIAL NOTES AND COMMENTS.

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FOOD AS A FACTOR IN STUDENT LIFE was studied experimentally under the auspices of the University of Chicago, during the past year, with gratifying results, and the report detailing the methods pursued in the investigation, the difficulties overcome and the successful results makes entertaining as well as instructive reading. The report is presented by Ellen H. Richards and Marion Talbot, names well known in connection with

dietetics and social science. The object of the experiment was to provide at the minimum expense a diet and social environment most conducive to the physical and mental health of the students. In the report special attention is called to the fact that human dietetics as far, at all events, as students are concerned has been systematically neglected, and to emphasize this point comparison is made between this neglect and the intelligent care and study bestowed on the less important subject of food for cattle, horses, etc. "Farmers know that their oxen and horses must be well fed in order that they may do their best work," but the diet of students is too frequently determined by financial rather than hygienic considerations.

For various reasons the experiment was made upon women. The report says, "To make the experiment in a college was eminently suitable, and as young women are proverbially more exacting and critical as to the table than young men, and at the same time more conversant with household matters, it was quite appropriate to make the first trial in a women's dormitory." The average number of students engaged in the experiment was 106, and the entire "staff of service" included 25 persons; a total of 131. The students were not, as in many women's colleges, expected to assist in any of the domestic duties. "The saving of time and potential energy which was thus effected, although involving considerable outlay for service, was believed to outweigh the advantages, which have been claimed for domestic work done by students themselves."

That the experiment was not strictly confined to dietetics is shown by the following extract from the report: "The possibilities of the social side of the life were not overlooked. An element of educational value is added to a college home when hospitality may be extended with freedom and ease, and in the new University the contribution of the Women's Halls to the general social life seemed of significance, apart from the direct benefit to those partaking in it. At best the life of any student living in a dormitory has a monastic tinge, a selfish or self-absorbed side unfavorable to the best development of character. Provision was, therefore, made, not only for the occasional entertainment of guests privately, but for weekly receptions to members

of the University and their friends, the expense of which should not be met by any special tax, but which should be included in the general price for board. This hospitality increased the expense of service far more than that of food, and it should be taken into consideration in comparing the cost of this experiment with that of any other institution." In this connection, therefore, it is worthy of note that the expense to the student was \$3.50 a week, apportioned thus ; for food, condiments, etc., \$1.64 1-2 ; for the entire service including food for said "staff of service" \$1.80 1-2.

The food was selected as nearly as possible in accordance with physiological principles, and represented a certain proportion of proteids, fats and carbo-hydrates ; while the esthetic qualities of palatability, attractiveness of preparation, quick service, etc., were not neglected.

As proof that the family was well fed it is stated "that nearly all gained in weight, in general physical condition, and were able to work with less headache than usual, in spite of the fact that fundamental principles of right living were occasionally ignored, as is unfortunately too frequently the case when the liberty of the individual is unrestricted." Monotony was obviated by judicious planning as is testified to by the menu for three consecutive weeks in March, acknowledged a most difficult season for catering.

An experiment such as this has a direct scientific value, and those having to provide for institutions and large families of any sort can find many suggestions and valuable hints in the report itself.

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THE NEW ENGLAND HAHNEMANN ASSOCIATION is to make an earnest appeal to friends of homœopathy on the 14th day of January, and is to ask for hearty and practical support from all who have derived benefit from homœopathy's gentle method, support which should be freely given it.

The objects of the Association are many, and yet are all centred in the one supreme object, viz., advancement of the cause of homœopathy. It is intended to unite the laity and the profession in an annual celebration of the birth of homœopathy's

founder, and thus perpetuate an active interest in the cause. It is intended to support and advance the cause of higher medical education and by so doing to advance the cause of homœopathy. In order to give a concrete object for which to labor, it is intended to aid the cause of higher medical education by directly assisting the Medical School of Boston University, which has up to the present ever been foremost in ambitious efforts to elevate the standard of medical education. It is intended also to help the institutions closely connected with the work of the School, and which have accomplished in the past twenty-five years such a phenomenal amount of commendable work in alleviating the sufferings of the poor and needy. Other work is to be done, and it is to be hoped that enthusiastic and widespread interest may be taken in the thorough and efficient organization of this new and worthy association. Every one can do something to help in this good work.

Circulars have been issued stating the objects of the Association and inviting general and generous support. A few paragraphs from some of these circulars are reproduced here for the benefit of our readers who may not be familiar with them.

“This Association is designed to unite as many as possible of the friends of homœopathy to assist our Medical School and the institutions connected therewith, which are essential to its success. By increasing its resources, additional means will be furnished for improving its instruction and advancing medical education. The Alumni of the school should earnestly assist in this effort, and secure such members and contributions to the funds of the Association as may be obtained from those who feel grateful to homœopathy for what it has done for them and for medical science. Such assistance should freely come from all who have derived benefit from this source.”

“Your attention is especially called to the importance of this Association. The medical school is the source of growth and progress in medicine. Our own schools in the United States have graduated more than ten thousand homœopathic physicians, most of whom would otherwise have been ignorant of, if not prejudiced against homœopathy, and they have made it possible to establish and carry on in this country more hospitals, dispensaries, and other charitable institutions under homœopathic treatment than in all the rest of the world beside.”

“The Boston University School of Medicine, since its establishment in 1873, has taken a leading position among all the

medical schools of the United States in the thoroughness and completeness of its instruction. It was the first to establish and to require a four years' course of study, now approved by the best medical authorities, and being adopted by other medical schools. It has educated over six hundred physicians, and enabled the Massachusetts Homœopathie Hospital to provide in the most careful and successful manner for hundreds of patients, annually, and the Homœopathic Medical Dispensary to treat eighteen thousand patients in the past year.

"Furthermore, it is designed to bring together annually, in the most social manner, as many as possible of these friends, to celebrate the birthday of Samuel Hahnemann, the medical reformer of the nineteenth century. The influence of this feature of the Association will be of intrinsic value to each one of the Alumni, and will aid the cause of medical progress."

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WHAT THEY THINK OF IT IN CHICAGO is shown by one of those significant little straws which reveal beyond the possibility of doubting the course of aerial currents. It may not comport with the austere dignity of so serious a matter as a national (?) surgical operation to treat it in a frivolous or jesting manner, but the American sense of humor, which can see the blessed joke that lies partially concealed in or closely connected with most of poor humanity's delusions and self-deceptions, has as little respect for noisy assertions of the discovery of the medical "Philosopher's stone" that is to turn all sickness into health, as for the boastful assumptions of effete monarchicism. It is to be hoped that the following multum-in-parvo-sort of quotation from the *Chicago Homœopath* may so clarify the mental atmosphere of readers of the GAZETTE that they may not lightly become too enthusiastic partisans of any of the pretentious medical theories of the day.

"Dr. H. F. Beebe: 'Since the hemorrhoidal vein is connected with the portal vein, what happens when the liver becomes congested?'

*Chorus of Juniors: 'The American operation.'*"

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IN SWEDEN ten years of study is incumbent on every medical student. They are so particular in that enlightened country to have their medical men thoroughly equipped and "ethically developed" that the practice of homœopathy is forbidden, and every globule of homœopathic medicine introduced into the country has to be smuggled in.

## SOCIETIES.

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*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, Dec. 6, 1894, at 7.45 o'clock, Vice-President A. Howard Powers in the chair.

By vote of the Society the reading of the records of the last meeting was omitted.

The following physicians were proposed for membership: H. W. Green, M.D., I. C. R. Amesbury, M.D., F. A. Davis, M.D., Chas. L. Farwell, M.D. and Marion Coon, M.D. Thomas J. Partridge, M.D., of Cambridgeport, was elected to membership.

By a vote of the Society a committee of three was appointed by the chair to formulate resolutions relative to the death of Dr. D. G. Woodvine. The committee was composed of John A. Rockwell, M.D., Geo. A. Suffa, M.D. and Clara E. Garey, M.D.

A committee, composed of the following physicians, Walter Wesselhoeft, Horace Packard and John H. Payne, was chosen to report nominations of officers for the Society for the ensuing year.

The Society voted that the Secretary be authorized to instruct the chairmen of the various sections that not more than four papers be presented at any regular meeting, or that the entire time devoted to papers shall not exceed one hour.

## SCIENTIFIC SESSION.

Dr. Horace Packard presented the following pathological specimens:

1. Sarcoma of the Uterus. Uterus was removed by vaginal hysterectomy. Illustrated by microscopical sections prepared by Dr. F. P. Batchelder.

2. Uterine Fibroid, weighing 7 1-4 pounds, removed by abdominal section.

3. Multilocular Papillary Ovarian Cyst.

4. Adeno-Carcinoma of Uterus.

5. Portions of Prostrate Gland. In this case the man was 82 years of age and in good physical condition.

The operation was performed through a transverse incision one-half inch above the symphysis pubis, severing the recti muscles. The bladder was opened without entering the peritoneal cavity. Portions of the prostrate gland were removed by the galvano-cautery. The case made an excellent recovery.

Dr. Geo. R. Southwick presented a case of pseudo-hermaphro-

ditism. The patient, 24 years of age, a native of Austria, has two voices, one high pitch, the other low pitch; has no hair upon the face, but excessive growth on the scalp. The mammary glands and pelvis correspond to the female type. The chest is broad and the arms muscular. The genital organs consist of a rudimentary penis, with either ovaries or testes on each side covered by folds of scrotum resembling the labia majora. The urethral opening is in the perineum somewhat anterior to the anus.

SECTION OF OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

John H. Payne, M.D., Chairman; I. B. Hines, M.D., Secretary;  
E. B. Cahill, M.D., Treasurer.

1. "The Use of Massage in the Treatment of the Ear, and the Various Methods of Applying It," by Howard P. Bellows, M.D.

2. "Report of a Case of Lympho-sarcoma of the Naso-pharynx and Left Tonsil," by G. B. Rice, M.D.

3. "Asthenopia," by Albert W. Horr, M.D.

4. "The Importance of the Early Recognition of Strabismus," by G. A. Suffa, M.D.

5. "Cases from Practice," by E. A. Bruce, M.D.

6. "A Few Cases from the Clinic," by A. A. Klein, M.D.

Dr. James R. Cocke's paper was read by title.

The committee appointed to draw up resolutions on the death of Dr. D. G. Woodvine reported as follows:

*Resolved*, That this Society has in the removal by death of Denton G. Woodvine, M.D., lost one of its earliest and most valued members, a highly esteemed associate and warm friend who, by his regular and hearty support of this Society, by his frequent and valuable contributions to laryngology, by his single devotion to the highest ideals in his professional and private life and by his symmetrical Christian character, has left us an example most worthy of emulation and a memory most tenderly cherished.

JOHN A. ROCKWELL,

CLARA E. GARY,

G. A. SUFFA,

*Com. on Resolutions.*

J. EMMONS BRIGGS, *Sec'y.*

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MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL  
SOCIETY.

The seventeenth annual meeting of the Massachusetts Surgical and Gynæcological Society was held at the Copley Square Hotel, Boston, Wednesday, Dec. 12, 1894, the president, W. H. Tobey, M.D., in the chair.

Upon the recommendation of the executive committee,

A. C. Alexander, M.D., Penacook, N. H.  
 George S. Adams, M.D., Westboro'.  
 J. C. R. Amesbury, M.D., Boston.  
 J. M. Barton, M.D., Worcester.  
 Amanda C. Bray, M.D., Worcester.  
 F. B. Carleton, M.D., Dorchester.  
 Jennie S. Dunn, M.D., East Boston.  
 Charles E. Dodge, M.D., Manchester,  
 N. H.  
 E. A. Dakin, M.D., Boston.  
 Mary D. Dakin, M.D., Boston.  
 A. B. Drake, M.D., South Boston.  
 F. L. Emerson, M.D., Dorchester.

C. A. Gale, M.D., Rutland, Vt.  
 Charles S. Gleason, M.D., Wareham.  
 Fredk. P. Glazier, M. D. Hudson.  
 Noble H. Hill, M.D., Boston.  
 Edward R. Miller, M.D., Leominster.  
 William O. Mann, M.D., Westboro.  
 George E. May, M.D., Newton Centre.  
 L. D. Packard, M.D., South Boston.  
 N. Emmons Paine, M.D., West Newton.  
 N. R. Perkins, M.D., Dorchester.  
 J. P. Rand, M.D., Worcester.  
 Benj. S. Stephenson, M.D., Littleton.  
 Nellie S. Stephenson, M.D., Littleton.

were unanimously elected to membership.

The following officers were elected for the ensuing year: President, H. A. Whitmarsh, M.D.; 1st Vice-President, Kate R. Mudge, M.D.; 2nd Vice-President, H. E. Spalding, M.D.; Secretary, Frederick W. Elliott, M.D., 107 Warren Street, Boston; Treasurer, J. H. Sherman, M.D., 534 Broadway, South Boston.

After an animated discussion by Drs. Whittier, Foss, Morse, Sherman, Phillips, Hunt, O'Leary, Lloyd, Whitmarsh and Elliott, it was voted to make the annual dues, \$2.00.

The amendment permitting the discussion of obstetrical subjects was defeated by a large majority.

It was voted to appropriate \$100 from the treasury of the Society for the Hahnemann monument fund.

A rising vote of thanks was passed to Dr. L. A. Phillips, the retiring secretary, for his long, active and efficient services as an officer of this Society. Remarks highly eulogistic of Dr. Phillips' work for the Society were made by Dr. J. W. Hayward, Dr. A. Boothby and Dr. J. H. Sherman.

The following papers were presented:

The President's Address, W. H. Tobey, M.D.

• "Report on Progress in Gynæcology," G. R. Southwick, M.D.  
 "Orificial Treatment of Chronic Diseases," L. A. Phillips, M.D.

Discussion by M. O. Terry, M.D. and H. E. Spalding, M.D.

"The Surgical Treatment of Inguinal Hernia," A. Boothby, M.D.

Discussion by J. W. Hayward, M.D., J. K. Warren, M.D. and H. A. Whitmarsh, M.D.

Display of Trusses and Instruments used in Operations for Hernia, M. Boynton of O. Clapp & Son.

"Pruritus Ani," H. E. Spalding, M.D.

• "Non-Surgical Treatment of Appendicitis," N. R. Morse, M.D.

The President's address was an earnest and eloquent plea for a higher standard of professional honesty, so that the general

practitioner would not fear to have "his reputation jeopardized, his treatment slurred or his patients stolen," when referring a case to a specialist. Specialists should practise their specialty *exclusively*. They should not stoop to unkind and distrustful criticisms of each other. These criticisms are caused by an unworthy professional jealousy and can only result in giving to the old school, those special cases which we would do well to retain ourselves.

Prof. Southwick presented an exhaustive and scholarly report on "Progress in Gynæcology." It alluded to an improvement in vaginal hysterectomy, by Mackenrodt and Winter, by stitching a flap from the vagina over the external os, completely occluding the uterine cavity and thus preventing a possible source of peritoneal infection. Where the malignant growth is confined exclusively to the uterus, Pratt's new vaginal hysterectomy without ligature or clamp is a valuable procedure. It is not applicable in most cases however, as dangerous small metastases are left. Bland Sutton has advised vaginal hysterectomy instead of coeliotomy for pyosalpinx, which has also the powerful support of Pean of Paris. A series of 384 cases is reported with a mortality of 2.4%. The advantage consists largely in a more perfect and direct drainage into the vagina, thus avoiding the peritoneal cavity. One of the greatest advances has been in the treatment of posterior displacements by vaginal fixation. Cures are reported in 83% of cases operated upon, with a mortality of 1-2 of 1%.

Dr. Phillips' paper on "Orificial Treatment of Chronic Diseases," was an able presentation of "what has been proven in both theory and practice, that many derangements and disturbances of different organs and tissues, especially those in which the functions are automatic or vital, such as digestion, circulation, nutrition, secretion, are reflex in character, and are caused by nerve irritation rather than by any pathological condition in the immediate parts where the symptoms are manifested."

He has operated upon more than 100 cases during the past year for such troubles as dyspepsia, diarrhœa, constipation, anæmia, chlorosis, neurasthenia, insomnia, incipient locomotor ataxia, eczema, goître, prostatitis, phthisis, psoriasis.

The results have been such as to support the claims of the orificial philosophy and to demonstrate conclusively that Dr. Pratt has given to the world, a new and valuable treatment for chronic diseases, which ordinary measures fail to benefit.

In light of these results, which merely corroborate those published in hundreds of cases in other parts of the country, it is questionable if any physician is justified in pronouncing a

chronic case incurable until he has made trial of orificial treatment.

Dr. M. O. Terry, of Utica, N. Y., the honored guest of the Society, held that reflex symptoms in many cases demanded the removal of the cause before the homœopathic remedy would prove curative. This most brilliant result in orificial treatment had been in cases of eczema—one such case, complicated with a chronic arthritis of eighteen years duration, which the leading old school dermatologist of New York City, as well as many other physicians had totally failed to relieve, had been promptly and permanently cured by orificial methods. The same means had proven successful in certain cases of incipient phthisis, with febrile attacks in the afternoon, a hacking cough, beginning emaciation and night sweats. The treatment was especially applicable to neurasthenia and mental disorders. A conservative orificial surgeon should be appointed on the staff of every insane hospital.

Dr. H. E. Spalding held that homœopathy has come to stay, and that orificial surgery has also come to stay. Whether the orificial philosophy was true was as yet uncertain. He questions the advisability of operating upon a healthy rectum for the sake of awaking the reflexes; had cured cases of neurasthenia and a case of suspected phthisis with neurotic cough, by orificial surgery.

Dr. G. O. Adams had found orificial treatment valuable in neurasthenia and melancholia. It had failed in acute mania and epilepsy. It has made some otherwise suffering and wretched cases, comfortable and happy even where it has not been curative. Two cases apparently doomed to a lifetime of the darkness of mental delusion, it has satisfactorily and permanently cured. Of thirty cases operated upon, seventeen have been benefited; two fully recovered; four very much improved; seven not benefited.

Dr. H. A. Whitmarsh reported a cure of a case of insanity of twelve years duration, by the American operation and general orificial treatment. The case had long been under treatment by the most eminent physicians of the old school, and had been pronounced incurable by alienists of the highest reputation. Ridicule has no place in a scientific discussion. It is the poor refuge of those lacking arguments to sustain their positions. The pendulum may have swung too far, and too much may have been claimed for orificial surgery. It has its place and will be recognized. Let the truth declare itself as it will and must.

Dr. Carl Crisand reported a cure of a case of intolerable headache of twelve years duration by the American operation and dilatation. She was a confirmed invalid, but is now well and

strong and gaining flesh. Another case showed less favorable results although somewhat benefited. She was before sterile and is now pregnant.

Dr. W. J. Winn had seen bad results from ectropium of the anus in three cases of the American operation with no relief of the nervous symptoms.

Dr. C. R. Hunt had seen several cases which had been much benefited by simple orificial treatment, dilating, curetting, douching, the removal of irritable points and the slitting up of rectal pockets.

Dr. Terry had seen a case, of long standing, of serpiginous ulcer of the cornea promptly arrested and cured in two weeks by the flushing of the capillaries which followed orificial treatment, without any local applications or internal medication. He had often relieved ovaritis by hot douches following dilatation. He had cured many cases of salpingitis with ovarian irritability, when serious ovarian disease seemed inevitable by these methods without recourse to abdominal section. The utmost conservatism should be the rule in ovariectomy. The ablation of the female sexual organs should be the dernier resort. Try all other means first, including orificial surgery.

Dr. W. H. Stone questioned the courtesy of any personal criticism in medicine or surgery; methods, not men should be discussed. He had seen a case of a woman with ovaritis who came to Boston for examination. She was told by an eminent surgeon of our school that she could not live long without the removal of a diseased ovary. She decided against the operation. At the Homœopathic Hospital at Providence, she received orificial treatment, the cervix was dilated, the uterus curetted and douched and packed, rectal pockets and papillæ were removed. The temperature which had been for weeks  $102^{\circ}$ , immediately following the operation went down and kept down to normal. The ovarian sensitiveness disappeared and she was discharged cured.

Dr. J. W. Hayward believed in the removal of pathological conditions wherever found. He had cured a stubborn case of eczema by elevating a depressed portion of the frontal bone. The reflexes were not all located in the anus.

Dr. J. F. Worcester strives to remove the cause of reflex irritation. A case of epilepsy of thirty years standing had been cured by putting a prolapsed kidney in place and adjusting a suitable truss.

Dr. J. P. Rand wants to know the bad results of this treatment.

Dr. A. H. Powers thinks that fully one-half the cases reported are due to enforced rest in bed, for from two to four weeks, and careful hospital hygiene.

Dr. Lougee asks how chorea or eczema should be treated in girls.

Dr. Phillips in closing, said that he would, if indicated, remove the hood of the clitoris in a girl, the same as the prepuce in a boy, and expect the same favorable results.

In his operation he has failed to get union by first intention in only two cases, or one in fifty. The only death was in a man suffering from senile gangrene. The case was practically hopeless before the operation, which simply postponed the fatal issue. In no procedure is the after treatment more vital to success. Doubtless if bad results do follow, they are largely due to neglect in this direction. The operation *per se* is no more dangerous than opening an abscess, extracting a tooth, or administering ether. Beyond question a knowledge on the part of anæsthetists of the powerful cardiac and respiratory stimulus given by dilation of the rectal sphincters, would have saved many lives lost on the operating table.

A most interesting and valuable discussion followed the reading of Dr. A. Boothby's able paper on "The Surgical Treatment of Inguinal Hernia."

(This paper and discussion will be fully reported in the next number of the GAZETTE. — ED.)

Dr. N. R. Morse in his paper on the "Non-Surgical Treatment of Appendicitis," alluded to his uniform success in the use of cold or hot water compresses externally, combined with hot sitz baths and hot water rectal enemata, aided by the administration of the similitum. He had used this treatment for thirty years, had had many cases, some almost hopeless. He had never lost a case. He deprecated too early or undue surgical interference.

Dr. H. E. Spalding emphasized the importance of the careful examination, if necessary under ether, in every intractable case of pruritus ani. Without exception he had found a pathological condition of the rectum or other outlets of the body. Removing this exciting cause cured the disease.

Dr. F. W. Abbott had cured a most distressing case of pruritus ani in his own person by the use of asepsine, used both as a powder and incorporated into a soap.

Dr. J. H. Sherman recommended as a local application.

℞      Picis (pin. sylvest) 3j  
       Glycerini ʒj  
       Adde cum calore  
       Amyl. q. s. unguentum.

Sig. Apply locally night and morning.

The attendance, 110, was the largest in the history of the organization. Collation at 6 P.M. Adjourned at 10 P.M.

F. W. ELLIOTT, Sec'y.

## REVIEWS AND NOTICES OF BOOKS.

—:O:—

HYPNOTISM: HOW IT IS DONE, ITS USES AND DANGERS. By James R. Cocke, M.D. Boston: The Arena Publishing Co.

The subject treated of in this book is certainly one of the few vital topics of the day, the study of which is a matter of profound interest to the intelligent laity as well as to members of the medical profession. In other words, the subject appeals with a peculiar force to all thinkers both in and out of the medical profession, and the author's object is the difficult one of writing a book sufficiently technical to satisfy the trained medical mind and yet not so scientific as to repel the lay reader. The author is to be congratulated on his good fortune in succeeding so admirably in accomplishing this object.

In his Preface the author says:

"Hypnotism is freely discussed by only the few. It is marvelled at by the many. Around it the charlatan throws the sombre robe of mystery. The novelist finds in it a rich field of romantic opportunity.

"Now it is my purpose, as far as I may, to divest hypnotism of the supernatural, to show how it is done, and explain its rational basis. I shall also describe its dangers, and endeavor to outline its usefulness both in the medical world and in society, and in the latter part of my book shall describe the principal theories which are current about it."

In accordance with this purpose the author minutely describes the various methods of inducing hypnotism removing from the process all elements of the mysterious. He also describes the conditions that prevent the production of hypnotism, as well as the effects of hypnotism upon the special senses, and frankly points out the dangers attending the hypnotic state, and the conditions which contra-indicate its use as a therapeutic agent. The medical reader is sure to find food for serious thought in those chapters of the book which deal with the practical application of hypnotic suggestion in the treatment of alcoholism, morphio-mania and drug-habits generally, of neurasthenia and the neuroses, and with the use of hypnotism as an anæsthetic in surgical practice. The subject of auto-hypnosis and all its possibilities, that of the condition being mistaken for delusional insanity among them, is most interestingly treated, and the chapter on hypnotism in the lower animals contains much that is suggestive.

Dr. Cocke's theory that *latent hysteria* underlies susceptibility to the hypnotic state will probably commend itself more favorably to the professional mind than any other explanation extant. Without attempting here to discuss this theory we simply quote part of the author's conclusions:

" . . . Every man, woman or child who is susceptible to hypnotism, possesses in his or her nature the possibility of becoming in one way or another hysterical. One faculty may act in excess of all the rest, and credulity may sweep from the firmanent of the mind the stars of reason and of will. Even individuality itself may be, for the time, banished."

A most complete and valuable bibliography is found at the end of the work.

It should be said that the author's style is notable for its clearness, simplicity, directness, and the absence of extraneous matter. His spontaneous but controlled enthusiasm permeates the book as a thread runs through a fabric. Many cases from practice, illustrating various phases, and also the usefulness, of hypnotism, are related in detail. It is on the whole a book that seems to come at white heat from the forge of experience, rather than from the library or the student's desk.

BREAD FROM STONES. By Julius Hensel. Phila.: A. J. Tafel. 1894.

The title of this little essay bears a strong resemblance to a text for a sermon, or is suggestive of a modern socialistic novel, but the sub-title "A New and Rational System of Land Fertilization and Physical Regeneration" makes it clear that it really deals with the simple and innocuous pursuit of farming. As is to be expected of a reformer, the author confidently and emphatically points out the evils of the present methods of fertilizing lands, and shows by references to elaborate chemical analyses that triturerated hills and mountains or "stone meal," as the product is called, is one thing needed to make barren fields fertile and transform waste places into gardens of Eden. The production of wholesome and nutritious food is certainly a matter of first importance to humanity, and physicians as sanitarians are interested in the matter; therefore to physicians this essay should prove useful. The essay is not to be criticised. The theories it so ably presents, appealing as they do to reason, should be put to the practical test. This has already been done and the testimony of the experimenters seems to bear out the claims of the author.

THE DISCOVERY OF MODERN ANÆSTHESIA. BY WHOM WAS IT MADE? Published by Dr. Laird W. Nevius. Cooper Institute, New York: 111 pp. 13 cuts.

The effort of the author to present in their true light, the important facts connected with this subject, together with a sketch and portrait of each of the five men, and the part they bore in the elaboration of modern anæsthesia, is well shown in a careful perusal of this work.

The names of Long, Wells, Morton, Jackson and Simpson

are well known, but to these the author has added that of Colton, who revived the use of nitrous oxide, fifteen years after the death of Horace Wells, as from that date (1848) to 1863, it had largely fallen into disuse.

The text is not as full, in some portions, as might be desired, while there are, here and there, apparent discrepancies, *e. g.* on comparing pp. 19 and 30 with p. 41, it is not clear just what were the relations between Morton and Wells as to point of time.

However, the book is in the main, a careful compilation of the important facts connected with the subject, each concisely and truthfully stated.

TEMPERATURE CHART. Prepared by D. T. Lainé, M.D. 1894. W. B. Saunders. Phila.

This chart provides room for recording sixteen observations daily, of temperature, pulse, bathing, food, etc., in cases of typhoid fever, where the method of Brand is employed. It thus provides, in proper form, one means of doing more accurate work in such cases.

THE POPULAR SCIENCE MONTHLY for January contains a series of articles of more than usual value to physicians, and several other articles of more general interest are written by physicians. "Twenty-five Years of Preventive Medicine," by Mrs. H. M. Plunkett; "Two Lung-Tests," by Dr. Felix L. Oswald; "School-Room Ventilation as an Investment," by Geo. H. Knight; "Babies and Monkeys," by S. S. Buckman, and "Ethics in Natural Law," by Dr. Lewis G. Janes are among the valuable contributions to the number. New York: D. Appleton & Co.

A SYSTEM OF LEGAL MEDICINE. VOL. I. By Allan McLane Hamilton and others. New York: E. B. Treat. 1894. 657 pp.

Dr. Hamilton who, with Mr. Lawrence Godkin, one of the younger members of the New York bar, acts as editor, calls this work in his preface "an encyclopædic book of reference." This it undoubtedly is both in its arrangement and its method. It surpasses in size any work on Legal Medicine yet published, unless, perhaps, Wharton and Stille's three-volume work. Unlike other works on the subject, it is the work of many hands, and the different chapters or subjects are treated by eminent specialists. Such names as Prof. James F. Babcock and Dr. F. A. Harris, of Boston, not to mention Dr. Hamilton himself or Prof. V. C. Vaughan, of Michigan, indicate the character of the contributions. The personal element of the narration of actual experiences and individual methods by the contributor is especially valuable to the physician who suddenly finds himself called from the quiet walks of his practice to the searching cross-examination of the court, although perhaps detracting from the scientific spirit of the work.

There are many noteworthy features in this volume. The Whitechapel murder cases are given in detail, and cannot fail to be of service to one called on to establish the identity of a dead body. The chapters on poisons are very comprehen-

sive, the article on ptomaine poisoning, for instance, giving many of the latest investigations, although for so comprehensive and encyclopædic a treatment, there are some omissions from the list of poisons that a physician may be called on to deal with, nitro-benzol, for example. The article on blood-stains is in advance of any work in the English language, but does not suggest the recent investigations of the Germans on the blood-corpuscles.

The distinctively legal part of the work has been done with care and discrimination, and as the work is primarily for physicians the legal contributors have confined themselves very largely to an enunciation of general principles of law, and to the statement of certain elementary rules, mostly of the law of evidence, that will be most frequently met with by physicians. The article on the "Legal Relations of Physicians and Surgeons" is almost garrulous, however, and it is difficult to throw the mantle of legal medicine over such information as that "the use of a private person's likeness without his permission will be enjoined."

Generally speaking, when a member of one profession wanders into the fields of another, his efforts will be regarded with suspicion by the members of both professions, and the article by Dr. Symonds on the "Law of Insurance" is likely to be unintelligible to the physician and useless to the lawyer.

This work is not likely to supplant Taylor's standard treatise, but a practitioner who is called into the somewhat uncertain fields of legal medicine, should certainly consult it before giving a final opinion.

BOSTON MEDICAL  
PERSONAL AND NEWS ITEMS

JUN 16 1897

A HOMŒOPATHIC physician is wanted in Sturbridge, Mass. — a town of 2,200 inhabitants. Address John F. Hibbard, Sup' Snell Mfg. Co., Fiskdale, Mass.

THE congratulations and best wishes of the GAZETTE are heartily extended to Dr. and Mrs. G. P. Jefferds, of Bangor, Me., who on Jan. 1st, '95, celebrated their golden wedding.

WM. TOD HELMUTH, M.D., has been appointed a member of the Hahnemann Monument Committee of the American Institute of Homœopathy, to fill the vacancy created by the decease of Dr. J. P. Dake.

THE notable "Jubilee Address" delivered before the American Institute of Homœopathy, at Denver, last June, by the president, Dr. J. H. McClelland, has been printed and distributed. It is a comprehensive and scholarly review of the progress of medicine during the past fifty years.

THERE is a vacancy on the medical staff of the Westborough Insane Hospital. To the homœopathic physician wishing a thorough knowledge of insanity and its treatment, this offers a splendid opportunity. For particulars apply at once to Dr. George S. Adams, Westborough Insane Hospital, Westborough, Mass.

THE Tenth Annual Report of the Calcutta Homœopathic Charitable Dispensary gives encouraging evidence of continued progress. During the past year 2,378 patients were treated, 8,209 prescriptions were made, and known cure resulted in nearly 53 per cent. of the cases. The report presents, in addition to the usual interesting and detailed account of work done, a chart showing the analysis of four provings of a new Indian drug, *Tinaspora Cordifolia*.

A RARE opportunity to acquire a practice in a rapidly growing city within six miles of Boston. To any one purchasing real estate, consisting of house of eleven rooms, in good repair, with 8,500 feet of land, will be transferred the good will in a practice of seventeen years' duration. The estate is a corner one on principal street, near steam and electric cars, and has been used as a physician's office and residence for the past fifteen years.

Address "X. Y. Z.," care OTIS CLAPP & SON, 10 Park Sq., Boston.

# THE NEW-ENGLAND MEDICAL GAZETTE.

No. 2.

FEBRUARY, 1895.

VOL. XXX.

## COMMUNICATIONS.

—:O:—

### *THE WESTBOROUGH INSANE HOSPITAL AND GOVERNOR GREENHALGE.*

The following correspondence is self-explanatory :

BOSTON, MASS., Jan. 5, 1895.

*To His Excellency, Frederic T. Greenhalge, Governor:—*

The Boston Homœopathic Medical Society would most respectfully call the attention of your Excellency to the following passage from your Excellency's annual address to the General Court.

"The institutions of the Commonwealth are generally in a satisfactory condition. The Hospital for the Insane at Westborough and the Hospital for Dipsomaniacs at Foxborough are perhaps exceptions. But improvement is already apparent at Westborough."

It appears to the members of this Society that your Excellency expresses the opinion that the Westborough Insane Hospital is inferior to other similar institutions in efficiency and success. That your Excellency should entertain such an opinion is a matter of grave concern to the more than eight hundred homœopathic physicians in the State and to their many thousands of friends and patrons. The Westborough Insane Hospital is the only State Hospital under homœopathic management, and the members of this Society and their friends and patrons have, therefore, watched its progress, since its establishment in 1884, with the greatest interest, and they have had reason to believe that the work done there has been both significant and beneficent. They have ascertained from the annual reports of all the lunatic hospitals in the State that the Westborough Hospital greatly leads all the others in its percentage of recoveries from acute mania, melancholia, and other forms of insanity which are recognized as curable; and under these circumstances, when it seems to be fulfilling the purposes of a

hospital and asylum for the insane with a higher degree of success than any other in the State, they are at a loss to understand how its condition can be other than satisfactory, and they most respectfully request your Excellency to indicate the grounds for the opinion expressed in your Excellency's annual address.

It was unanimously voted at the annual meeting of the Society, at which more than two hundred physicians were present, to submit these views to your Excellency.

THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY, by

HERBERT C. CLAPP, *President*.

J. EMMONS BRIGGS, *Secretary*.

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COMMONWEALTH OF MASSACHUSETTS,

EXECUTIVE DEPARTMENT,

BOSTON, Jan. 7, 1895.

*Gentlemen:*—The excellent spirit of your communication merits a candid and kindly reply. Believe me when I say I am not swayed by any narrow prejudices against, or in favor of, any so-called school of medicine. I recognize the value and the sincerity of the Society which you represent, and the intelligent and benevolent purposes you have in view. For that reason, I have been careful, *first*, not to arouse any of the old-time antagonism between systems of therapeutics, and *second*, to ensure, as far as I could that this Hospital in Westborough should properly and effectively represent your system before the people of the Commonwealth. The defects alleged to exist may not in any way have reflected the influence of any special school; but the Governor and Council, through their committees, have not been satisfied with the general management of the institution. A committee of the Council, and, indeed, the majority of the whole body, have made personal examination of the institution, and, as I myself was prevented from being present, I have depended upon their reports. These reports were unfavorable. A vacancy occurring on the Board of Trustees, I took great pains to obtain as a trustee a gentleman of high standing, of large business experience, and of strong faith in the principles of homœopathy, Mr. Alden Speare, of Newton.

The investigations of the committees of the Executive Council, were, I think, wholly free from any partisan or one-sided prejudice. In reply to your communication, and as the most direct way of getting at results, I would refer you, for more detailed statements of the alleged defects, etc., to His Honor, the Lieut.-Governor, to Hon. Joseph R. Leeson, Ex-Councillor, and to Mr. Speare. The last named gentleman was of the opinion,

as I was informed, that improvement had been made, and I was most thoroughly pleased with that report. My only desire and ambition is to keep all the institutions of the Commonwealth up to the highest standard, and I know that you are interested in precisely the same way.

With respect and esteem, I am

Yours cordially and sincerely,

FREDERIC T. GREENHALGE.

P. S. Should any member of the Committee be pleased to call upon me, I shall be glad to confer with them further.

F. T. G.

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BOSTON, MASS., Jan. 9, 1895.

*To His Honor, Roger Wolcott, Lieut.-Governor:*

*Sir:*—It becomes our duty to transmit to your Honor the accompanying correspondence between the Boston Homœopathic Medical Society and His Excellency, the Governor.

His Excellency refers the Society to your Honor "for more detailed statements of alleged defects, etc."

When the members of this Society supposed that the Westborough Hospital was entitled to approval for better results in its work than had been attained in any of the other State Hospitals, they were astonished to find that the Westborough Insane Hospital was the only one to receive at least implied censure. Will your Honor have the kindness to inform this Society of the exact nature of these alleged defects, which it seems are sufficiently grave to require His Excellency publicly to express his lack of approval of the condition of the Westborough Insane Hospital?

THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY, by

HERBERT C. CLAPP, *President.*

J. EMMONS BRIGGS, *Secretary.*

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COMMONWEALTH OF MASSACHUSETTS,

COUNCIL CHAMBER,

BOSTON, Jan. 11, 1895.

*Herbert C. Clapp, M.D., 11 Columbus Sq., Boston:*

*My dear Sir:*—I beg to acknowledge the receipt, yesterday, of your note of Jan. 9th. Until I heard the address of His Excellency, the Governor, read on the day of his inauguration, I had received absolutely no intimation that mention would be made of the Westborough Hospital. It is true that for two years past a somewhat unfavorable impression has been made

upon the Council, not only by their visits to Westborough, but also from other sources of information as well, and these matters were each year fully and frankly discussed with the Trustees. They can doubtless give you all necessary information on the subject; but I may add, that I shall be very glad to talk with you personally in the matter, if you will call at my office (53 State St.), any morning between 9.15 and 11. I name these hours as I am apt to have engagements later in the day.

Very truly yours,

ROGER WOLCOTT.

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BOSTON, MASS., Jan. 17, 1895.

*To His Excellency, Frederic T. Greenhalge, Governor.*

*Sir:*—The Boston Homœopathic Medical Society has the honor to acknowledge the very courteous reply of your Excellency to its communication of Jan. 5th. In accordance with your Excellency's suggestion, it has communicated with his Honor, Lieutenant-Governor Wolcott, and has received a reply from him, a copy of which is enclosed. His Honor does not state in this reply the grounds upon which any unfavorable impressions, which he may have received in relation to the Westborough Hospital, were founded.

The members of this Society are greatly interested in the work done by that Hospital. They have noted with great pleasure its record in the cure of insanity, and they regret that a matter so important and significant as this record does not appear to have been taken into consideration by his Honor in reporting upon its condition to your Excellency.

From statements made by members of the Board of Trustees, to whom his Honor has referred this Society for information as to alleged defects, it appears that the points which were brought to the attention of the Trustees by the Committee of the Council on Public Charitable Institutions, had reference almost exclusively to the methods adopted for the cure of patients. Beyond the criticism that many patients were in bed and that some were under restraint, which is a part of the treatment that has vindicated itself by its success, the Trustees were not informed of any well founded or substantial complaint of the Westborough Hospital, except that it was badly ventilated, and as the Legislature of 1894, at the request of the Trustees, appropriated a sum for the renovation of the system of ventilation, prior to the criticism of the Lieutenant-Governor, this defect, it is reasonable to suppose, will soon be remedied.

This Society is of the opinion that any report concerning the condition of the Westborough Hospital that leaves out its

record of cures is unfair to that Institution, and unjust to the people of the State. Matters of ventilation and of domestic management are important, but they are manifestly less so than the fact that there is and has been, a much larger percentage of recoveries at Westborough than at other Hospitals. So far as this Society can learn, no responsible person has openly made the charge that the patients at Westborough are negligently or unkindly treated. Whatever criticism has been made has been either of matters which are comparatively trivial, or of the methods taken for the recovery of patients.

In the eight years of its work, the Westborough Hospital has annually shown a larger proportion of recoveries in cases classified by the State Board of Lunacy and Charity as curable, than any other insane hospital in the State. By its last report it appears that 68 per cent. of such cases have been cured, while the highest rate in any other Hospital was but 36 per cent., as shown by published official reports. This most important fact in the history of the Hospital, highly creditable to its management and the method of treatment, and which renders its condition not less, but more satisfactory than that of other institutions, is one of which your Excellency does not appear to have been informed, but which, in the opinion of this Society, should be published to the people of Massachusetts.

Very respectfully,

THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY, by

H. C. CLAPP, *President.*

J. EMMONS BRIGGS, *Secretary.*

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COMMONWEALTH OF MASSACHUSETTS,

EXECUTIVE DEPARTMENT,

BOSTON, Jan. 19, 1895.

*My dear Sir:* — It is far from my purpose to impute defects to any worthy institution of the Commonwealth. I am as much interested as you and your Society in having the best homœopathic hospital in the country, but I have been obliged to rely upon the reports furnished me by the Committee of the Executive Council. Unfortunately, these were mostly, if not uniformly, oral, and I have, therefore, referred you to members of the Council who had been most interested in this Institution and its condition. I think that the best and fairest way of proceeding is to refer the matter to the Council again, with special instructions to ascertain what specific defects there are now, (or were, if possible to determine,) and what features, as percentage of cures, etc., were overlooked. I had hoped that the gentlemen to whom I referred you, would have been able to furnish

the data necessary to a complete understanding of the case, and I think Mr. Leeson may have the data mentioned.

Permit me to acknowledge the receipt of your second communication.

Very truly yours,

F. T. GREENHALGE.

BOSTON, MASS., Jan. 22, 1892.

*To His Excellency, F. T. Greenhalge, Governor.*

*Sir:* — Your Excellency's communication of the 19th inst. is still further proof that the unfavorable criticism on the Westborough Insane Hospital, in your Excellency's inaugural address, was not dictated by any unfriendly spirit, and so far as we can learn, was founded upon vague "impressions," rather than upon any official report from the Committee of the Executive Council. In regard to the proposition to refer the matter again to the Council, it would seem to be wholly within the discretion of your Excellency, and should such a course be deemed best, this Society desires that all possible investigation should be made. It, however, is of the opinion that an unfair impression in relation to the Westborough Hospital has already been given to the people of the State, which can best be met, in some degree, by the publication of this correspondence.

Very respectfully,

THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY, by

HERBERT C. CLAPP, *President.*

J. EMMONS BRIGGS, *Secretary.*

#### *THE CURABILITY OF MENTAL DISEASES.*

BY JAMES F. BOTHFELD, M.D., WESTBOROUGH INSANE HOSPITAL.

[*Read before the Massachusetts Homœopathic Medical Society.*]

In looking over the records of insane hospitals we find that certain forms of mental disease usurp almost all the recoveries; continuing our search a little further we find that a large proportion of these recoveries occur in the different forms of mania and melancholia.

In the Westboro Insane Hospital, during the past five years, over 91 per cent. of all the recoveries in cases of mental disease have been in patients suffering from mania or melancholia.

Since so large a percentage of our recoveries is to be looked for in these two classes of insanity, it may be well to inquire more particularly into the nature of these cases; into their relative frequency; into their chances of recovery; and into such

methods of treatment as have been found most beneficial. As has been said over nine-tenths of our recoveries have been in mania and melancholia ; one other class, though small in number, must be added to these, — alcoholic insanity. Now what proportion of the patients admitted have these curable forms of disease, and are the favorable cases increasing or diminishing from year to year ? To answer these questions let us look at the reports of the Westboro Hospital for the past five years. In 1889, 64 per cent. of all cases admitted were of these three forms, mania, melancholia, or alcoholic insanity. In 1890, 51 per cent. ; in 1891, 57 per cent. ; in 1892, 49 per cent. ; in 1893, 38 per cent., a falling off in five years of 26 per cent. These figures plainly show the steady decrease in the numbers of favorable cases received at this hospital.

In these five years there have been admitted to the Westboro Insane Hospital 782 cases of the different forms of mania, melancholia and of alcoholic insanity, and of these 409 recovered, or 52 per cent. ; deducting the alcoholic cases, the recovery rate was 52 per cent., also. During the same period there were admitted to the four other State hospitals, Worcester, Danvers, Taunton and Northampton, a total of 3,515 cases of mania and melancholia, with 866 recoveries, giving a recovery rate of 24.64 per cent.

We find these generally classed, mania and melancholia to be made up of sub-divisions, as acute, chronic, recurrent, puerperal, etc., but it is noticeable that almost all the recoveries occur in the acute mania and melancholia. In Westboro there were admitted in the last five years 267 cases of acute mania with 147 recoveries, or a rate of 55.05 per cent. ; during the same period in the four other State hospitals 1,033 cases were admitted, with 361 recoveries, a rate of 34.94 per cent. ; in Westboro there were 365 cases of acute melancholia admitted, 185 recoveries, a rate of 50.68 per cent. ; in the four other hospitals, 896 cases were admitted, the recoveries were 248, a rate of 27.68 per cent.

Since our hospital was opened and up to Oct. 1, 1893, there have been admitted 348 cases of acute mania ; of these 54.30 per cent. were discharged as recovered ; 12.64 per cent. as much improved ; 8.07 per cent. as improved ; 4.41 per cent. as not improved ; 10.63 per cent. died, and 9.76 per cent. are remaining. Of melancholia there have been admitted 535 cases ; of these 48.97 per cent. were discharged as recovered ; 21.31 per cent. as much improved ; 8.97 per cent. as improved ; 4.29 as not improved ; 6 per cent died, and 10.46 per cent. are remaining.

We shall now look at a few cases of acute mania. Most of these patients, on coming to the hospital, present a history something like this. Their ordinary conduct and speech have gradually changed, they have become loquacious, talking constantly to any one, their judgment "common sense," was impaired, they have enlarged views as to their capacities and possessions, and have lost self-control. Perhaps the condition which we shall see in these cases has come on quite rapidly; or it may be preceded by a state of depression; it may begin with emotional excitement; or a delusion may be the first thing noticed, and the excitement appear to result from that. However acute mania may originate, by the time a case gets to the hospital, there is usually mental exaltation or delirium, delusions, hallucinations, loss of self-control, loss of memory for past events, loquaciousness and incoherency, and marked muscular activity.

There is seldom danger of mistaking acute mania for any other form of mental disease. The nature of the delusions and the depression in excited melancholia, and the physical signs in the excited periods of general paresis will serve to distinguish these two conditions which sometimes simulate mania.

#### ACUTE MANIA.

CASE I.\* Our first patient, M. E. R——; age 35; a Jew; was insane about a week before admission to hospital. He has had three previous attacks of acute mania, from which he made good recoveries; went out and resumed his usual occupation, that of a peddler, thus supporting his family. The date of his last discharge was April 24, 1893. When he came to the hospital two weeks ago he was intensely excited, incoherent, very loquacious, profane and noisy; he was emotionally weak, crying and weeping in frequent alternations. He was put to bed, and continued under the rest treatment for two weeks, receiving large amounts of very nutritious and easily assimilated food and given belladonna. He quieted down very rapidly. In eight days after admission he was much less noisy and abusive; he took his nourishment willingly and slept well. In one week more he appeared entirely well, and to all appearances had returned to his normal condition of mind. He will soon leave the hospital, probably only to return after an interval of a year or so. The prognosis in such a case is remarkably good for recovery from each attack, yet this is one of recurrent mania, in which a similar attack may be expected sooner or later.

\* This clinic was held simply to illustrate the more common forms of curable and incurable mental disease, and there was no intention of making it a study of the history, pathology, ætiology, treatment, etc.

CASE 2. Miss T. C.—; age, 23; said to have been insane seven months previous to admission, and has now been one month in hospital, is, as you see, excitable, restless and has but little self-control. She talks rapidly and loudly, mistakes the identity of those about her, and has various delusions. She tells you she is the mother of God, asks you where her baby is, and makes other similar remarks based on her delusions. She also had hallucinations of sight and hearing. She has had same treatment as previous case, and has had belladonna, under which she is steadily improving.

CASE 3. The next case, M. J. J.—; age, 31; has been here only five days, yet his improvement in that time has been so rapid that he is not now a very good example of acute excitement. He was said to have been insane only four days previous to his admission, and this case is a good illustration of what may be done with these patients, if they are only sent to hospitals early enough. Delay in beginning systematic treatment probably lessens the chances of recovery at least five per cent. for each month. He was greatly excited, noisy, calling out and singing night and day; incoherent, with flushed face, dilated pupils, intense motor excitement, so that light mechanical restraint was necessary to prevent his injuring himself. Under the same treatment as the previous cases received, he very quickly quieted down, and in forty-eight hours most of his excitement had left him, leaving him in a condition of confusion with various delusions. This improvement continued, and now, as you see, he is in nearly a normal mental condition. Yet he is still somewhat confused and can give but a slight account of himself during the past two weeks.

CASE 4. W. C. B.—; insane for three weeks before admission; has been in hospital one week. He is a good example of acute delirious mania. He came considerably exhausted, tongue coated, temperature  $102.4^{\circ}$ , sordes on the teeth, and other such symptoms of these delirious cases; he was intensely excited, very noisy and violent, and refused to eat. He had to be restrained and has been fed by nasal tube continuously. He has the frequent frothy and sticky expectoration so common to this form of mania. His temperature has varied from  $102^{\circ}$  to  $103^{\circ}$  in the morning, to  $103-103.5^{\circ}$  at night. At one time his temperature ran up to  $106^{\circ}$ , and whenever it has been above  $103^{\circ}$  the patient has received cold baths, or a cold pack. Mechanical restraint has been found to be necessary most of the time. He has received as much liquid nourishment as his stomach would bear, and at times has had stimulants. He began with belladonna ix, which was changed to verat. vir. the

second day. In spite of all the nourishment he is receiving he is growing weaker, his intense excitement continues, he has never come out of his delirium for a moment, and the prognosis is most unfavorable.

Next to mania comes melancholia with its chances of recovery. In these patients, a loss of their sense of well-being is usually the first thing noticed. They cannot enjoy anything, they are depressed and suffer mental pain; their sensibilities are deadened; then, as the disease progresses, come delusions, loss of self-control, increased mental pain, emotional depression, restlessness, perhaps excitement and suicidal or homicidal tendencies. We shall notice in the cases that we shall now see, that the delusions of these patients relate almost entirely to themselves, that they have committed sins and have done others wrong, for which their present ill-being is a just punishment. This is in marked contrast to the cases of paranoia which we shall see later, for the paranoiac has fixed delusions of persecution; he imagines that others are wronging him and that he is unjustly suffering. This is an important matter in prognosis, for while we may expect to cure one out of every two cases of melancholia, in paranoia it is doubtful if one in five hundred will recover, and sometimes the diagnosis will hinge upon this one fact of the delusions.

#### MELANCHOLIA.

CASE 5. Our first case of melancholia, H. M. H——; age, 49; began to fail about two months previous to his admission to the hospital. He states to you that his condition was brought on through business anxieties and from the shock received from the severe burning of his favorite son, five months ago. He has now been here about eight weeks. When he came he considered himself in a very serious condition; he thought there was but little hope for him, he was much depressed and worried; and when telling his story would often break down and weep. His has been a case of simple melancholia, with no delusions or hallucinations, and in such cases the prognosis is extremely favorable. At first it was difficult to induce him to take sufficient nourishment, but after three weeks he was resting and eating well, and began to improve very rapidly. Now he is nearly entirely well. As you see he is quite bright and intelligent; he is cheerful most of the time, with only infrequent periods of slight depression. He will undoubtedly go home in a few weeks recovered.

CASE 6. Miss M. E. S——; age, 33; has been in hospital two months. She came with a history of having been confused

and distressed for two months previous to her admission. You observe that she has a very sad and depressed appearance, that she will not be engaged in conversation to any extent, and that she is dull and obstinate. She cries a good deal, is sometimes noisy, praying almost constantly in a loud voice, and is apparently laboring under some strong delusions of which she will not speak freely. At times it has been impossible to persuade her to take food, and for some weeks it has been necessary to feed her by nasal tube. Dr. Hines will now demonstrate to you this process of forced feeding with the tube, as perfected by Dr. N. Emmons Paine.

CASE 7. M. J. R——; age, 51; has been in hospital one month. His family noticed that he was becoming excessively worried and anxious over his business affairs for four months before his admission to the hospital. He was a man who had rather large interests in real estate, and although matters were in good shape, he began to get the delusion following his depression and anxiety that all his investments were going wrong, that through his poor judgment and lack of business foresight his family would be brought to poverty and suffering. He had numerous delusions of this nature, all based on the belief that these troubles came from his unworthiness. This self-depreciation was well marked, and he often said he was not worthy to do the most menial things for his wife and children. Under rest, a plentiful diet, and ign. he has steadily improved, until now you see he is much less worried and anxious, and he is beginning to realize that his affairs are not in such a bad plight as he at first imagined. He will probably go home recovered in another month.

CASE 8. Miss A. O——; age, 70; has been in the hospital four months, and is said to have been failing mentally for the same length of time previous to her admission. As you notice, she is much emaciated, having lost forty pounds since last summer, and is in very poor physical condition. She is greatly depressed and has eaten only an occasional meal since coming here, giving as a reason that she cannot afford to pay for her food, and it has been necessary to feed her by nasal tube most of the time. You see she is in constant mental suffering, she moans and wrings her hands, and altogether she is in a much distressed condition. Everything possible is being done to make her gain flesh; she has nightly rubbings with cocoanut oil, and is receiving large quantities of nourishing liquid food.

PROGNOSIS. — In mania and melancholia a favorable outcome may be expected when the disease is of sudden development; when an obvious cause is removable; when there are no fixed

delusions, no convulsive attacks, no picking of the skin or hair, no long-continued loss of weight, and when there is no long-continued inattention to the calls of nature and no untidy habits; and no positive revulsion against food. Youth and early treatment of the case are important factors towards a favorable prognosis. Of the seven fatal cases of acute mania admitted to the Westboro hospital last year, four died from exhaustion within five days of admission.

**TREATMENT.** I shall make no attempt to go into the details of the treatment of these acute cases in insane hospitals generally, therefore I shall limit myself to the distinctive features at Westboro, under which nearly twice as many recover as at the other State hospitals. It has always been the aim at Westboro to have a hospital and not an asylum. The insane patient is as truly ill as the patient with pneumonia, and having a diseased brain is as much entitled to thorough hospital treatment as the man with a diseased lung. The hospital is for the restoration of those suffering with brain disease; the asylum is a place of custody, where the insane are confined for the safety of themselves and the community. Three things are peculiarly noticeable here, and probably these things are alone sufficient to account for Westboro's higher recovery rate,—they are diet, rest and medical treatment.

An acute case is immediately put to bed and is kept there one, two, or three months, the whole or part of each day, undergoing the "rest treatment," as advocated by Dr. S. Weir Mitchell, and as first applied to the insane by Dr. N. Emmons Paine. During this time he is given as much nutriment as he can possibly assimilate—egg nogs, rich broths, beef extracts, an abundance of milk and other fat-producing foods, are freely administered. In the beginning the stomach is often troublesome and frequently requires especial attention; but if the patient's digestive system is in fairly good condition, under this treatment he is bound to put on flesh, and an increasing weight in these acute cases is a most promising sign. Where patients will not eat, from delusion or aversion to food, they are fed without delay by nasal tube.

An acute case is given the homœopathic remedy most clearly indicated. In mania this is often found to be bell., hyos., stram., or verat. vir.; and in melancholia, bell., ign., nux vom., or xanthoxylum. The remedy is kept up continuously, only being changed when some new development in the case occurs. Whatever the remedy, the case of each patient is individualized. Formerly all were herded together in large wards, the acute and chronic alike; now each acutely sick patient is given a single room, he is nursed by students or graduates of

the training school; much attention is given to his general hygienic condition, and everything possible is done to improve his physical health.

One of the most noteworthy features of Westboro's medical treatment is a negative one. No sedatives are used and no drugs of this description are needed. Large proportions of the prescriptions in the other hospitals are of bromides, chloral, sulfonal, etc. Here these are entirely discarded, — hot baths, hot milk, free exercise and the indicated remedy are generally sufficient, and the last resort of light mechanical restraint is preferred in extreme cases to chemical restraint.

#### INCURABLE FORMS OF INSANITY.

Of the 455 incurable cases admitted in the last three years, 91.4 per cent. were of the three classes: dementia, paranoia and general paresis. General paresis had 10 per cent.; paranoia had 34 per cent.; dementia had 47 per cent.; scattering 9 per cent.

We shall continue our clinic by looking at one or two typical cases of these three most common forms of incurable mental disease. We might well introduce our cases of general paresis by quoting Clouston's definition of the disease: "General paresis is a disease of the cortical part of the brain, characterized by progression, by the combined presence of mental and motor symptoms, the former always including mental enfeeblement and mental facility, and often delusions of grandeur and ideas of morbid expansion or self-satisfaction; the motor deficiencies always including a peculiar defective articulation of words, and always passing through the stages of fibrillar convulsion, incoördination, paresis and paralysis; the diseased process spreading to the whole of the nerve tissues in the body; being as yet incurable, and fatal in a few years."

CASE 9. Miss E. A——; age, 34; has been insane three years. She is in an advanced stage of general paresis, and you will notice that her physical signs peculiar to these cases are marked. Her pupils react slowly, the right is larger than the left, her reflexes are exaggerated and gait unsteady. She has the characteristic delusions of grandeur, imagining she is immensely wealthy, etc. She is boisterous and noisy.

CASE 10. Mr. W. S. M——; age, 48; has been in hospital two and a half years. This is another case of well advanced general paresis. You see that the physical symptoms are the same as in the last case, only more exaggerated. His delusions of grandeur have been marked from the first. He tells you that his title is Count Prince Duke Vanderbilt Desillian, that

he has palaces of gold and diamonds, he owns the most of New York, Paris, etc. He denies his own name, says he knows no such person as W. S. M., and emphatically affirms his right name is as he has given it. He has had several congestive or epileptiform attacks, and six months ago he had one with resultant hemiplegia, and through that attack we hardly expected him to live; but much to our surprise he rallied from the critical condition he was then in and has again returned to nearly his former state, although it is always noticeable that a patient is a little worse off after each succeeding congestive attack.

#### PARANOIA.

We class under this head cases formerly termed "delusional insanity," "mono-mania," etc. This form of mental disease is strongly hereditary; it is of slow evolution, without an acute first stage, and consists of a change from the normal mental state of the individual, most commonly with delusions of self-importance, suspicion or persecution. The personal egotism is generally greatly exaggerated; hallucinations often exist, and the conduct is always affected.

CASE II. M. T. C——; age, 34; has been in hospital three years. He has marked delusions of persecution and is very ready to talk about them, as you see. He has led a rather irregular life and was formerly quite intemperate. His delusions have been gradual in their growth; at first he had rather ill-formed ideas that Jesuit priests were following him, that they were trying to poison him and had sent him here to get him out of the way, because, as he tells you, he "has the sacrament," and they know it. These delusions and many others of the same nature have now become so firmly fixed with him that they control his whole life and actions. He has illusions of identity, he tells you that there are numerous priests about here in disguise, that instead of going home those who leave the hospital are surreptitiously abducted and boiled in some underground caldron. At times his delusions of poisoning have been so strong that he has refused to eat, so it became necessary to feed him; and at other times he has compromised by eating boiled eggs and potatoes with the skins on, for, as he states to you, these could not have been tampered with.

CASE 12. M. E. C. R——; age, 57; has been in hospital nearly two years. He has numerous delusions of a religious nature: he tells you that he is a prophet of a new religion, by which all the churches are to be united; that he has direct revelations from God and holds frequent conversations with Him. You see he is very loquacious, always ready to expound his

religious doctrines to any one who will listen. He talks in rather a disconnected and inconsequential manner, and when he is asked a direct question about the nature of his religious belief is unable to give any definite information.

These two cases will serve to give a slight idea of the two most common forms of delusions in paranoia. The large majority of such patients present delusions of persecution, and these are quite characteristic; but as the patient becomes weakened in mind these ideas of persecution often become changed into delusions of personal importance, etc.

#### DEMENTIA.

We shall have now only one case of each of the three forms of dementia we most frequently receive. The natural termination of all insanities, if recovery or death does not occur, is in enfeeblement of mind; such cases are called secondary dementia. These, together with the cases of feeble mind caused by years of epilepsy, furnish us with considerable numbers, yet the greater bulk of the dementias admitted are resultant from senility.

CASE 13. M. L——; age, 65; has been in this hospital three years, and before admission had been in other hospitals for a still longer period of time. His mental disease undoubtedly began with an attack of acute mania, and not recovering, passed into chronic mania, and then, his mind steadily weakening, he has arrived at this condition of secondary dementia which we see. He is childish, has fleeting and ill-defined delusions, and is as helpless and irresponsible as an infant. He has lost all sense of propriety as to his bodily cleanliness and has to be fed with a spoon.

CASE 14. M. D——; has been an epileptic for some fifteen years. As is usually the case in epilepsy of long standing and when the seizures have been frequent, the patient's mind has become greatly weakened. He is very dull and slow, can give no intelligent account of himself, and immediately after a fit is even more confused and demented than he now appears. These cases of epileptic dementia are less frequent in this hospital than the secondary, and the form which we will now see.

CASE 15. M. B——; is a typical case of senile dementia, and patients such as he, constitute at least 40 per cent. of our incurable cases. At times he has been incoherent, very loquacious, excitable and restless. Again, as you see him to-day, he is quiet and apparently perfectly happy and contented. He has no idea of time or place, and he imagines he is still at his home.

*A CASE OF ANISOMETROPIA, ASSOCIATED WITH AN HETERO  
PHORIA, CAUSING PHYSICAL AND MENTAL DISABILITY,  
DURING A LIFE OF THIRTY-EIGHT YEARS. CURED.*

BY FRED'K W. PAYNE, M.D., BOSTON, MASS.

Miss L. was subject, at frequent intervals, upon the slightest provocation, either from mental excitation from both joy and sorrow, or from slightest physical tire, to attacks of very severe and long continued headache much aggravated by noise. In attempting the use of the eyes, or from any digression out of the usual careful course of daily life, she would precipitate a severe, throbbing, congestive headache, accompanied by much heat in the head, extending down the spine. The conditions for an aggravation were so easily induced, that she practically suffered continuously from a headache. Headache usually began on one side, and always proved more severe if it began on the right side; after aching for two or three days on one side, it would extend to the other. With each recurring spell of headache the pain would usually begin upon the opposite side from that that had ached last. Menstruation was too early, abundant, irregular, and too long, lasting usually a fortnight, and was always preceded by severe headache, and great sensitiveness to light, more so to artificial light. Just preceding the menstrual effort she would sleep poorly, and often waken during the night with a feeling of dread of exposure to the coming daylight. Sleep was generally disturbed by a great rush of thoughts, principally pertaining to the events of the day. With the pain in the head and down the spine, especially severe between the scapulæ, thence extending through the body to region of the stomach, was violent, spasmodic vomiting.

In childhood, she fell down a flight of stairs, injuring the whole length of spine, and from this time she dated a beginning of the trouble with eyes and head. Was conscious of a weary, tired feeling of the eyes all the time. Rapidly passing objects, as is induced by riding in a carriage or railway train, tire and cause pain in eyes and head, so that she must cover the eyes from the exposure. At times, had spots floating before the eyes, and at other times flashes of light. Spells of marked exalted ability in the mental capacity, with a disposition to indulge her power in this direction, but she always suffered an aggravation of pain in eyes and head from every such attempt and precipitated a severe headache. Burning in the eyes, especially in the right, in which she has, to a much greater degree than in the left, a compound, myopia astigmatism. Bleeding from the nose or mouth, or from both, during a headache; the epistaxis was bright, with dark clots, coming in gushes, more

usually occurring during the night or early morning, and continuing from fifteen to twenty minutes. Had much painful throbbing in head, with headache, synchronous with the heart's beat, concurring the base of brain and mastoid regions. The heart felt, by spells, as if enlarged, and occupying too much space, with often a suffocative feeling as an accompaniment. With the sensation of heat extending down the spine, was a feeling in each individual spinous process, as if burning and protruding. Nausea and vomiting with the headache became worse about 4 P. M. During a headache, with the eyes open or shut, had a feeling as if the orbits and brain were flooded with an intense, persistent, trying light, that could not be shut out. Ringing in the ears, like the twanging of a metallic string. Can't lie on the left side, because it increases the action of the heart, and causes a sense of stiffness down the spine. Much dreaming of falling from heights, of escaping from horrors with difficulty, of being run over by railway trains, etc. Tired, weary, strained feeling of eyes, extending to and streaming down sides of head into the neck and through the chest. Pupils would, by spells, alternately dilate and contract. Usually wakened at 4 A. M., with eyes feeling tired, and "as if there was a hot fluid throughout the veins of the head." Spells of physical languor, frequently lasting all day, with noticeable trembling and prickling of hands, and sometimes with jerking of hands and feet; much sense of internal trembling and anxiety as of some approaching calamity. With headache had often great sensitiveness of teeth and jumping pain in an individual tooth. Had spells of urticaria, the eruption being large and purple, and always accompanied with nausea.

Owing to a marked ciliary spasm, the result of an examination for the choice of glasses, both objectively, and by retinoscopy, was so unsatisfactory, that the instillation of sulphate of atropine, 3 grs. to the iʒ, was resorted to; under these means the following formula was determined upon, viz.:

R.—4.50◊—3.00 cyl. ax: 22½°

L.—1.00◊—1.25 cyl. ax: 180°,

and the glasses were ordered to be worn constantly.

The condition of insufficiency of the extrinsic, muscular apparatus, and the coördinating disability, showed a left hyperphoria of 2°, and an exophoria of 2½°. Dyer's method of gymnastic exercise with prisms was instituted, and continued with considerable satisfactory improvement, the several muscles gradually acquiring a power nearly according with the standard assigned to a normal prism ability, and the general state seemed, correspondingly, to improve as the muscles acquired strength.

A great many remedies were studied and given, covering a period of more than a year, but at no time could a satisfactory conclusion be reached as to the *similimum*; palliation, however, would seem to follow the use of most of the remedies prescribed, raising hopes that a permanent relief might follow, but always, upon slight provocation, a relapse was sure to occur, though not so severe as was the case before the prism exercise was instituted. A thoroughly reliable and competent homœopath had carefully prescribed for the lady, having been her attending physician for years, but results, as to treatment with remedies, had been with him equally as unsatisfactory as with me. Among the remedies studied and prescribed were Bell., Nat. M., Lach., Glon., Sulph., Gelsem., Puls., Acon., Nux., Plumb. and Crocus.

After a time, the old symptoms of headache and general disability gradually became more pronounced and, notwithstanding the use of the remedies and exercise of eye muscles, a want of balance in the associate strength of the several recti muscles was becoming more marked as her suffering increased.

The patient now stood ready to seize upon any alternative that seemed to give promise of reasonable hope for relief to her sufferings. Operative interference was decided upon, and a careful tenotomy made upon the left, superior rectus muscle, which brought that eye down to a level with its fellow; this was followed in a fortnight by an operation on the right external rectus, which was the means of inducing, temporarily, a balance in the coördinating ability in the associate movement of the two eyes, and orthophoria resulted. The operation was followed by marked relief, so that, for a time, she considered herself quite well, and was reasonably able to enjoy a fair amount of mental activity and physical exertion, without such frequent and severe spells of relapse.

Six months after the choice of glasses for general use, they proved unsatisfactory for the reading distance, and the following glasses were given for that purpose, viz. :

R.—2.50  $\bigcirc$  cyl.—3.00 ax : 22½°

L.—1.00  $\bigcirc$  cyl.—1.25 ax : 180°.

With this new departure the eyes and head still more improved, so that she was able to indulge considerably in charity and literary work, of which she was very fond. This comparative freedom from suffering proved temporary, however, and she gradually relapsed, more and more, into the condition of headache, with its accompanying train of reflex influences.

To find the remedy now seemed almost an impossibility, the discouragement and disappointment to both the patient and myself, attendant upon all former efforts, was so great that it

seemed as if, in fact, no similimum existed. Something must be done, however, so another persistent study of the materia medica was made. On the strength of a generalization, with an effort to choose from the provings, remedy after remedy being eliminated, the choice of Cann. Sat. was made. The reasons for this did not offer any wild belief that it would prove efficacious; in fact, its choice seemed to hang upon very slender threads. Under the proving of Cann. Sat. are the following symptoms that seem to correspond fairly well with those of the patient, viz., anxious and apprehensive feeling at the pit of the stomach, with oppression of breathing and palpitation; rush of blood to the head, causing heat and flushes; violent throbbing, with heat of head; severe pain in right temple and vertex, aggravated by noise, this latter symptom of aggravation from noise being particularly and excruciatingly marked; weakness of eyes and diminished vision; alternate contraction and dilatation of the pupils, in the same light; crampy pain in the stomach; ringing in the ears, like the sounding of a metallic string; too profuse menses; violent palpitation, with warm, glowing feeling about the heart; trembling of hands; dreams disagreeable and frightful; feeling as of hot water being poured over him.

The effect of Cann. Sat. was not only magical, but lasting. She promptly got relief from all her ails. Now, nearly three years have passed, and with the exception of an occasional tendency to relapse that is promptly relieved by a dose of Cann. Sat., 2c, she is able to live an active, useful life, and is quite as strong and enduring as the average individual. Parallel cases often drag along a miserable existence, responding often but feebly to all prescriptions and appliances.

The sequel in this case proves conclusively, however, that not only does persistency in the study of one's cases pay, but that marked heterophoriæ with the attending trying neuroses, are curable by the similimum.

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#### *A PLEA FOR CONSERVATISM IN SURGERY.*

BY HORACE PACKARD, M.D., BOSTON, MASS.

[*Read before the Rhode Island Homœopathic Medical Society.*]

The idea which I wish to convey is not fully expressed by the term conservative, and yet I can find no word which is preferable. In the simplest terms, conservatism means "opposition to change; a desire to maintain existing institutions and customs."

Surgery is, and always has been, a progressive branch of medical science. We to-day resort to operations and relieve suffering in cases where the thought would not have been entertained before the days of anæsthesia and antiseptics. To me

conservatism in its relation to surgery carries with it a totally different meaning from that given by our lexicographers. It means a holding fast to old and well-established principles, with the acceptance of new methods and new procedures, provided they be such as will alleviate suffering and prolong life. The relief of suffering, the prolongation of life are ever to be borne in mind by the surgeon, and he who recklessly, for the purpose of testing a new theory, or with the hope of gain, advises and subjects a trusting patient to treatment or operation which jeopardizes his life and well being out of proportion to the gravity of his malady, betrays the trust which is reposed in him.

Surgical operations readily divide themselves into operations of expediency and operations of necessity; and, perhaps, we might add to these a third and small class, which we will term "last chance" operations, *i. e.*, those where the malady must in a comparatively short time terminate the life of the patient, and there be a ray of hope at least, that operation may save life or prolong it.

It is our duty, and our whole duty, to perform operations of expediency,—and by this term we mean operations which are not necessary for the preservation of the life of the patient, but only to relieve some deformity, or some annoying malady,—in a way which shall least incommode and least jeopardize the well-being of our patient.

In operations of necessity our patient's life is jeopardized; his life is in danger from the malady, our operation may add to that danger, and yet give hope for relief or cure. Of two methods of operating for such a menacing malady, it is our duty to choose that which offers the least menace to our patient's life and well being, however much glory there might accrue from the successful performance by a method which might carry greater danger with it.

Man is a very imitative animal, and he is prone to follow where some corypheus allures.

The armamentarium of the surgeon bristles with instruments capable of doing great damage. They must be guided by a steady hand controlled by a brain which possesses knowledge, reason and judgment; knowledge of the character of the malady or defect, its pathology, its probable influence upon the future well-being of the patient, the influence which any constitutional dyscrasia or defective organic function may have upon the result of the contemplated operation; reason to weigh calmly, coolly and disinterestedly all of the elements in the case in favor of, and opposed to, the procedure under consideration; and judgment to arrive at a final conclusion as to the best course to

pursue. Often the patient's own preference must influence in the final decision. In no case, however, should the surgeon vitiate himself by consenting to the performance of an operation contrary to his best judgment, even though the patient may desire and demand it. The removal of a woman's ovaries at her own solicitation, that she might escape the bearing of children, would stamp a surgeon as false to his trust, and would, I firmly believe, render him liable to heavy damages in a court of justice, if his patient afterwards regretted her course, and turned upon him for indemnity.

In the history of surgery we meet with many periods when there has been a stupendous deficit of conservatism. In the matter of amputations! In the early history of surgery the great bugbear in amputations was hemorrhage. \**"Prior to the invention and employment of the tourniquet, surgeons entered upon these operations with great reluctance. Their minds were filled with the darkest forebodings; before their eyes flitted visions of death; they saw their patient's face blanch from loss of blood, their eyes dim; and this imaginary vision was commonly realized during the performance of the operation or immediately after. The introduction of Morel's tourniquet inaugurated in this practice a new era. Surgeons now began to boast of the number of amputations which they had performed, and it is greatly to be feared that many limbs were sacrificed to gratify this greatly increasing ambition."*

*"Schmucker remarks that during his residence in Paris, in 1738, he saw at the Hotel Dieu both thighs amputated on account of simple fractures. This double amputation was performed by a distinguished French surgeon as quickly as possible after the patient's arrival in the Hospital, to which he was brought immediately after the receipt of the injury, which had happened not far from the building. During the performance of this operation the operating surgeon took occasion to remark that it was impossible in cases like the one before them to perform the operation with sufficient promptness to prevent the occurrence of fever, inflammation and gangrene. These unnecessary amputations were not limited to Paris or even France, but were advocated and performed by the leading surgeons in every part of Europe."*

History repeats itself. In 1862, Thomas Addis Emmet recognized the true significance of laceration of the cervix uteri, and instituted a surgical procedure for its relief. It would be difficult to compute the benefit which has accrued to humanity through this discovery, and yet no one can deny that hundreds,

\*Watson's "Treatise on Amputations," p. 36.

yes thousands of cervices have been operated upon since that time without good and sufficient reason and without benefit to the patient.

The report by Dr. Tait, a few years ago, of one hundred successive successful laparotomies for the removal of the uterine appendages, has been followed by the most reckless and unreasonable removal of ovaries and tubes. The ovaries have been removed without the slightest evidence of pathological lesion; they have been removed to cure headache, backache, dysmenorrhœa, melancholia, nymphomania, and because the patient has wanted it done that she might be free from the annoyance of menstruation and motherhood; and — shall we whisper it in a confidential way — because the surgeon may have allowed his desire to compile a long list of successful laparotomies, and enrich his exchequer, to outweigh his discretion.

One of the greatest achievements of modern surgery is the safe and successful removal of ovarian tumors; but what shall we say of the surgery of uterine fibroids? Fibroid tumors are totally different in their origin, growth and history. Some are as easily and safely removed as the simplest ovarian cysts; others so dominate and occupy the whole uterine structure, that the removal of the tumor means the removal of the whole womb and its adnexa. The latter becomes an operation fraught with great danger. The growth of a fibroid tumor usually terminates with the climacteric. Fibroids of large size are frequently carried for years accompanied with severe menorrhagia without serious detriment to the patient's well-being, and with final spontaneous cure. There has been a diligent search in the past few years to find some way of safely removing these growths. In my opinion the practice has entirely overstepped the bounds of propriety. Certain well marked conditions justify an effort at removal of an interstitial uterine fibroid tumor. Rotation and strangulation is a positive indication for operation. In retrograde metamorphosis of a large tumor, with fatty degeneration and putrefactive decomposition, there is no doubt of the necessity of surgical interference.

Fibroid tumors of a large size are often carried for years without injurious symptoms arising from pressure. Flooding at the menstrual period is often borne with astonishing facility. Apostoli has shown us that electricity will do wonders in mitigating the discomforts attending these growths. Battey has shown us that the removal of the ovaries and tubes in these cases will induce an artificial climacteric, stop the menstrual hemorrhage, and cause atrophy of the tumor. Tait speaks in the most glowing terms of the results in his hands, of removal of the appendages in large and growing fibroids. Keith looks

upon it as little less than criminal to jeopardize a woman's life by subjecting her to hysterectomy, when through electricity and lesser formidable operative measures, her sufferings can be, with a great degree of certainty and safety, ameliorated.

Vaginal extirpation of the uterus has recently assumed a phase which cannot command the approval of the careful, conscientious physician and surgeon. Against its removal for malignant disease there can be no defence, but what shall we say of the reports that reach us of its "enucleation" because it is hypertrophied or atrophied, retroverted or anteverted; and we hear it whispered, "if cause exist for the removal of the uterine appendages, *why leave the uterus?*"

We might with just as much propriety ask ourselves in a case of disease and removal of one of the testicles in a man past virility, "Why leave the other testicle?"

As it appears to me, the matter stands something like this. It has been found that a healthy womb can be removed by vaginal section with comparative ease, and not much danger to the patient's life, therefore, since it becomes a useless organ after castration or after the climacteric, "take it out," it makes another operation for the ambitious surgeon to perform, talk about, write about and to charge for.

How many atrophied, inoffending post-climacteric wombs will now be stripped out of their resting-place is difficult to prognosticate.

One of the latest fads for approval appears under the specious and high-sounding title of "Orificial Philosophy." Can anything be more absurd or misleading than this dogma? What a spectacle do we see! Reports of the cure of pulmonary tuberculosis, of hemiplegia, paraplegia, blindness, cancer, caries of the femur, locomotor ataxia, and other diseases which it is a waste of time to mention, by the excision of an inch of the rectal mucous membrane.

Its claims are so extravagant as to obscure any grain of truth which may be included therein. In plain English, what is this practice? Is it not an abuse and betrayal of the confidence imposed in the physician?

The so-called "American operation," which, by the way, is a purloin, for it belongs by right of precedent to an English surgeon, subjects the patient to needlessly long and painful convalescence, removes tissue which nature provides to effect the perfect closure and continence of the rectum, leaves the patient maimed for life, devoid of the sensitive nerve terminals, with incontinence of gas and liquid feces, and an external area of irritable, exposed mucous membrane.

Do not be hasty in accepting the glowing testimonials relat-

ing to this procedure. Remember that the same good to your patient can be attained through less heroic measures.



MUTILATION RESULTING FROM THE "AMERICAN OPERATION."

The sphincter is closed, and outside it is an area of irritable and sensitive granulating tissue (an apology for mucous membrane) surrounded by a sharp band of slightly contracted cicatricial tissue. The marginal integument, which should have remained, has been entirely cut away.

I herewith present a photograph representing the actual condition I have observed in two cases which have drifted into my hands, both having been subjected to this ill conceived and mutilating operation. In one, the operation was made to cure *neurasthenia* and *eczema*, the other for pruritus of the anus and vulva. In both, the condition was made even more miserable.

#### DISCUSSION ON THE SURGICAL TREATMENT OF INGUINAL HERNIA.

BY DRS. A. BOOTHBY, J. K. WARREN, H. A. WHITMARSH, J. W. HAYWARD AND OTHERS.

[At the Massachusetts Surgical and Gynæcological Society, Dec. 12, 1894.]

DR. ALONZO BOOTHBY, of Boston, opened the discussion with the following paper:

In the consideration of every operation it is necessary to estimate the amount of inconvenience, disability and danger without surgical interference, as well as to determine the danger and the possibilities of a failure to obtain a complete and permanent cure when an operation is undertaken.

The general principles of the surgical treatment of other forms of hernia are about the same as for that of the inguinal variety. The portion of the abdominal contents which are most

likely to protrude through a weak part of its wall are the bowel and the omentum. Either or both may be found in the hernial sac, but it is when the bowel is involved that the hernia is the more serious, and the principal danger lies in the liability of the bowel to become strangulated in the sac, producing a complete stoppage of its function. If speedy relief is not obtained, gangrene and death follow. Many more lives have been lost in this way than would be lost now if every case was operated upon by our present methods. It is true, however, that after strangulation has taken place and the hernia cannot be reduced by manipulation, an operation is undertaken with good prospects of success if the integrity of the bowel has not been destroyed.

But when there is a reducible hernia of any portion of the abdominal contents, it is accompanied with more or less inconvenience and suffering even when no accident occurs.

On the other hand, the danger from a radical operation, done at the most favorable time, when the general health is good, and after proper preparation, is attended with almost no danger. The mortality should not reach one-half of one per cent. Under the improved methods of closing the defect in the abdominal wall there ought to be few failures to obtain a permanent cure.

The operation by the knife must be compared with the method of treatment by injecting some substance into or around the neck of the sac with a view of inducing an effusion of plastic material that shall not only close the opening in the sac but strengthen the abdominal wall. We are called upon to decide to what extent it fulfils these requirements.

The general testimony is that the method fails to give a permanent cure in a large proportion of cases treated. This conclusion in regard to lack of success was reached before the radical operation by cutting had been so far perfected as to give reasonable assurance of accomplishing the object, and before most of the danger had been eliminated by antiseptic measures. Then the danger from these injections is, probably, fully equal to that of any other method.

We must also consider the treatment by some mechanical support which shall close the abdominal defect and retain the parts in their normal position. A well-fitting truss can be worn with very little inconvenience, and in many cases will prevent the hernia from coming down; but, under violent effort, when the part is forced against the pad of the truss, it is liable to give way and allow the hernia to escape into the sac. It then becomes a source of danger instead of protection.

The importance of the treatment of hernia so as to eliminate, as far as possible, the danger and suffering from it, is apparent

when we look over the literature upon the subject and see how much effort has been put forth in demonstrating the anatomy of the parts with a view of treating the accidents that occur requiring immediate surgical interference in order, if possible, to save life.

The importance of the subject is also emphasized by the number who suffer from rupture.

One of the above methods must be adopted, and as it is the desire of every surgeon to afford the greatest amount of relief with the least danger, he will recommend the truss when he feels sure it will do the work, and when it can be worn without much suffering. Bearing in mind the fact that the so-called "Radical Operation" is almost without danger and promises a permanent cure, it must grow in favor as the best, and, in fact, the only course to pursue in a large proportion of cases.

That there are so many ways of "operating" may be taken as proof that it is not a perfect one yet; still it would seem as though the general principles were established and the details are being perfected.

All admit that it is necessary to expose the neck of the sac and close that so as not to leave a sulcus or depression over the site of the protrusion on the inner side of the peritoneum, and then to close the incision in the abdominal wall so as to obliterate the inguinal canal and the external inguinal ring as completely as possible without interfering with the function of the spermatic cord. An effort has been made to accomplish the object by puckering-up the sac and stitching it into the abdominal ring through which the sac protruded, with the view of strengthening the part at its weakest point. Macewen first advocated this procedure, and it is called by his name. By the McBurney method the wound is only partially closed by an ingenious method of deep sutures passed at some distance from the edge of the wound, and held by shot and button at each end. In this way the lips of the wound are everted and it is left to heal by granulation. Halstead has advised bringing the spermatic cord into the upper angle of the opening and then suturing behind it. Another method is, after freeing the sac it is carried up through an opening made for it through the abdominal wall, above the original incision.

Good results have been obtained by each of these methods, but there are objections to all of them.

On the whole, the method that seems to me to combine the most advantages and to be based on sound surgical principles, is somewhat as follows: The sac is exposed, and, after the incision is carried through the upper border of the ring so as to give ample room to work, the sac is freed in its whole extent

and removed. If, however, it is a congenital hernia, it may be best to leave a narrow strip of the sac over the cord, as it is removed with some difficulty, and the cord is liable to be injured. It is customary to carry a ligature around the sac before cutting it away, but it seems to me to be a better way to remove it first, and then unite the surfaces, as is done with the peritoneum in ordinary abdominal sections. If it is thought best, a double row of sutures may be taken. If the needle is introduced on the inside and carried a little way from the edge of the opening for the first row of stitches, it will be more likely to insure the entire obliteration of the infundibuliform process of the peritoneum. Then it is quite possible to unite some of the infundibuliform fascia which is continued down the cord. The pillars of the external ring and the incision extending above should be closed first, by catgut sutures, in such a way as to turn their edges inward. Then these should be reinforced by stay-sutures of silk-worm gut. The method of introducing these sutures is of great importance. In order to have a permanent hold it is necessary that they should be introduced so as to come across the fibres or the pillars, and it is necessary that they should be removed when they have served their purpose, otherwise they are likely to be a source of trouble at any time afterwards. It is claimed that non-absorbable ligatures can be left buried with impunity, but it is not true.

To meet these conditions, pass the needle into the edge of one pillar, outside the catgut sutures, and carry it out so as to give a good hold, then bring it out and back to the opposite side of the wound where it is brought out through the integument. The needle should then be threaded on to the other end of the suture and that brought out a short distance from the first. Next, another suture is passed in the same way, but from the other side and directly opposite to the first one. On making traction upon these the parts are drawn together just as they would be by a single stitch passed from one side to the other, and tied closely, and they are left so they can be removed, while the single suture would have to remain buried. They are to be tied over a small roll of cotton or gauze. Two and possibly three pairs of these sutures will be required.

It is possible that the same object can be accomplished by using the single thread and bringing each end out through the integument on the opposite side, and fastening with a button and shot.

In this method of closing the hernial opening I make no claim to originality except in passing and tying stay-sutures upon the outside so they can be removed. It is hoped and believed that

this will prove a practical and efficient addition to the means for curing hernia by a "Radical Operation."

DR. J. K. WARREN, of Worcester, said: "The literature upon the subject of hernia is very voluminous and furnishes decidedly interesting reading. I doubt if any other region of the body has received as much attention, or if there is another surgical trouble for which a greater variety of operations has been devised and practised for its cure, each of which has been followed with more or less success, though all have failed in producing uniform success.

The ingenuity displayed in the devising of operations and the invention of appliances, both for the radical cure and the partial relief of the trouble, is astonishing.

Castration was practised at one time to such an extent that it had to be prohibited by royal edict, on pain of death. Then came the suture, the pins, and what was known as Belman's method, in which he endeavored to close the canal by the introduction of some foreign substance, such as gold-beater's skin. The Hetonian method, by means of injection, was in reality only a modification of the scarification method as practised by Velpeau.

Invagination at one time was quite extensively practised, both of the scrotum and the testicle, in which the latter was used as a plug to close the internal ring, but proved to be extremely painful and generally unsatisfactory. Suturing, both deep and subcutaneous, with wire and silk, clamps, and retainers, without number, needles, hooks, setons and the corkscrews, strephotome, etc., have had their day and been discarded, and in spite of all this genius and energy we are still struggling with the same old problem. Whatever the method practised, the object has been ever the same, the closing of the inguinal canal; whatever does that cures the hernia. Without it, there is no cure.

The operation which I have found to be the most successful with me and which I have used for several years, is this; After cutting down upon the sac and freely separating it from all adhesions without opening the sac (unless I have reason to feel that it is unsafe not to do so) I carefully return its contents into the abdomen, having the sac now empty and entirely free. I carry the sac up through the internal ring by turning it outside in, which procedure not only fills the ring, but brings the two peritoneal surfaces in contact on either side, and also brings in contact the denuded external surfaces. I then suture it through and through with cat-gut, carrying the sutures well down along the side of the spermatic cord. Over this I suture the muscles and fascia as firmly as possible and then close the wound with deep sutures.

To my mind, the advantages of this operation are, that it not only closes the hernial canal, but does away with the internal pocket, into which the intestine or omentum is so liable to descend and reproduce the hernia ; also the slight danger attendant upon the operation."

DR. H. A. WHITMARSH, of Providence, R. I., said : "Owing to the lateness of the hour, and lest I detain the Society unduly, my part of the discussion must be very brief.

First, a word regarding the advisability of operating in inguinal hernia generally. In view of the slight danger attending the operation for radical cure, when done with modern precautions, and the successful results obtained, is it too extreme to advise that in most cases, without waiting for, or longer running the risk of strangulation, we should resort to operation? Were I myself so afflicted I am positive that I would much prefer to submit to operation than to a truss even. The pros and cons are too obvious to need enumerating. I must be content with the mere suggestion.

Perhaps my views on the surgical treatment of inguinal hernia will be best expressed by stating that the method preferred is one that combines Kocher's treatment of the sac and McBurney's treatment of the wound by granulation.

In August last, it was my privilege to see Prof. Kocher, of Berne, operate for oblique inguinal hernia complicated by hydrocele. An incision was made in the line of the canal down to, but hardly below, the pubic bone. Care was taken to cut as little as possible into scrotal tissue, which it is so difficult to get aseptic, and which is so prone to heal with suppuration. The testicle, however, with hydrocele sac, were pulled upward out of the scrotum, the sac being then stripped was cut away from the cord, and the testicle replaced.

Next the hernial sac was seized and drawn firmly down. Finger or forceps traversed the canal, at the upper end of which, or better stated, at a point a little upward and outward from the site of the internal ring, a small incision was made. Through this incision long forceps were passed along the canal and out of the external ring, seizing the end of the hernial sac and drawing it back through the canal and out of the above mentioned opening (in the external oblique fascia.) The sac was then pulled strongly outward and upward toward the iliac spine, while with curved needle and silk the opening was closed, the sac being included in one of the sutures, and thus prevented from retreating into the internal ring. Still on the stretch the sac was placed in the line of the canal, (on the external oblique fascia) and being too long was cut off so as not to cover the external ring. Next with four or five sutures passing deeply

through the upper and lower wall of the canal and including the hernial sac (stretched into a cord, so to speak) the canal was quite obliterated. The pillars of the external ring were sutured, a layer of iodoform gauze placed lengthwise in the wound and the skin sutured loosely over it.

The claims of the author must vouch for the value of this method. Theoretically it appeals to me as most ingenious and practical."

DR. J. W. HAYWARD, of Taunton, spoke as follows: "While for several years I have given much thought and special study to the radical cure of hernia by surgical means, my clinical opportunities have been limited. I have embraced every suitable occasion to improve and perfect myself in the operation, and have watched my patients with jealous care.

Going back over a period of several years, I have seen so few returns that I heartily approve all that has been said in favor of the radical operation for hernia.

It is useless for me to take your time with talk upon the inconvenience, suffering and constant menace to life that hernia gives, for you all know these things only too well. If then a permanent cure can be obtained with almost perfect safety to the patient, it is certainly worthy of our study and worth a trial.

Sir Wm. Macormick (*See Lancet*, Dec. 1893) has compiled over 1700 cases from different surgeons with no deaths and only 7.2 per cent. relapses. Some trustworthy surgeons claim a still larger per cent. of recoveries than this, which facts, together with the results of my own observation have led me to adopt as my guiding rule, — when a hernia cannot be perfectly, continuously and painlessly repressed by mechanical means, to recommend an operation with a view to radical cure.

There are numerous methods of operating, most of which are modifications of Czerny's, which had as its fundamental principle the obliteration of the sac. I believe the best results are secured by the procedure which obliterates the sac within the abdominal cavity, narrows the internal ring and obliterates or materially narrows the inguinal canal.

If I were to operate today, I should cut down upon the sac detach it from the spermatic cord and all other points of adhesion, draw it from the abdomen, ligate or suture and cut it off, allowing the stump to retract into the abdominal cavity. I should then bring the spermatic cord forward — obliterate all but one or two of the veins — suture the canal and the cut tissues layer by layer with buried cat-gut, placing stay sutures of silk worm gut, so that they can be removed, form a new canal for the *vas deferens* and carefully close the integument with continuous catgut suture, then cover the wound with aseptic

dressing and hermetically seal it. I should expect my patient to recover in three to four weeks and never again suffer with hernia in that locality.

On further discussion

DR. LOUGEE stated that in former years he had sent more than a score of cases to Boston to be operated upon by the Heaton method, by the injection of some irritant solution, said to be a preparation of the fluid extract of quercus alba. These cases recovered satisfactorily and without a single exception a permanent cure was effected.

DR. ALLEN advocates strongly the method advised by Dr. Warren because of its simplicity and safety. The abdominal cavity is not invaded and the chances for sepsis are reduced to a minimum.

DR. ELLIOTT alluded to a case operated upon by the McBurney open method by Dr. Boothby some years ago. The resulting cicatrix gave a firm support, and the abdominal wall appeared stronger than before the rupture. For buried, absorbable, and aseptic ligatures nothing was equal to the kangaroo tendons introduced by Dr. Henry O. Marcy.

DR. SOUTHWICK in reply to a question in congenital umbilical hernia advised a truss, so applied that sufficient inflammatory action should be caused to close the opening. If this was not successful a radical operation would be certainly indicated.

DR. G. A. TOWER had treated several cases of umbilical hernia successfully by a home-made truss, a silver dollar covered with soft flannel and held securely in place by surgeon's plaster.

DR. J. H. SHERMAN had met with like success by means of an old-fashioned wooden button covered with flannel and sewed upon an elastic bandage.

MR. BOYNTON, of O. Clapp & Son, made an interesting exhibit of trusses and demonstrated their application.

F. W. ELLIOTT, *Sec'y.*

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OUR MEDICAL STUDENTS.—England has but 552 medical students; there are 8,000 in the Germany universities, but the United States has 13,000. We could loan England a few thousand and have plenty to spare.

NITRATE OF COBALT AN ANTIDOTE TO POTASSIUM CYANIDE.—At a recent session of the Budapest Medical Society, Dr. Jos. Antal announced his discovery that nitrate of cobalt is an unfailing antidote in poisoning by potassium cyanide, the two salts forming an insoluble compound. This has been demonstrated by successful results in forty cases. Dr. Antal also first recommended the use of potassium permanganate in phosphorus poisoning.—*New York Med. Times.*

## EDITORIAL.

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

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*A FEW FACTS AND FIGURES CONCERNING HOMŒOPATHY.*

It is interesting to the friends of homœopathy, and instructive to others, to hear occasionally of the public, charitable and scientific work done by the adherents of this special school of practice, and since a few facts concerning the work done during the year so recently past have been presented to the GAZETTE, it may not be inappropriate to share them with our readers, and they are herewith offered for the consideration which they merit :

## MASSACHUSETTS HOMŒOPATHIC HOSPITAL. 1894.

Whole number of patients treated during the year was 1,191, an increase of 400 in two years; of this number 867 were in the surgical and 324 in the medical service. There were discharged cured, 727; improved, 214; not improved, 209; not treated, on account of malignancy or other causes, 26; died, 50; remaining Dec. 31st, 1894, 65. Death rate in surgical service, 3.11 per cent., in medical, 7.09 per cent., an average of 4.19 per cent. 720 were credited as pay patients, of which number only 270 paid a rate equal to the full per capita cost of \$12.50 a week. 439 were treated free. Of this number, 168 came from the State at large, and 271 from the city. The average daily census was 75.35, with the highest at 103 and the lowest at 40. About 900 surgical operations were performed. Current expenses, \$47,329.94.

HOMŒOPATHIC DISPENSARY. BOSTON. — SECRETARY'S REPORT  
FOR THE YEAR 1894.

The dispensary has been established thirty-eight years, and in that time its work has steadily increased. It has treated 275,302 patients and administered 750,979 prescriptions. In the past year its work has been larger than ever before. It has taken care of 18,183 patients, who have received 53,506 prescriptions. There have been 2,922 patients visited in their homes with 12,363 visits. There have been 43 deaths. The number of confinement cases treated has been 222.

The Dispensary has two branches. The West End, under the charge of Dr. Frank E. Allard, the visiting physician, has a men's department, at which are in attendance on the successive days in the week, Dr. Henrik G. Petersen, Dr. Ronald A. Davis, Dr. W. W. Nutting, Dr. Frank E. Allard, Dr. John H. Urich, Dr. Percy G. Browne, and a woman's department with the fol-

lowing physicians in attendance : Dr. Emma M. Wooley, Dr. F. E. Clarke-Westerfer, Dr. Harriet A. Reeves, Dr. Lottie E. Sampson, Dr. Susan Hammond-Field. The number of patients treated at this branch has been 1,849, with 4,308 prescriptions.

The Burroughs Place branch is under the care of Dr. G. A. T. Lincoln on Mondays and Thursdays, F. D. Stackpole, Tuesdays, F. W. Elliot, Wednesdays and Saturdays, and Dr. A. McDonald on Fridays. At this branch, 428 patients have been treated, with 1,890 prescriptions.

The main or principal Dispensary is at 750 Harrison Avenue, in the building which was erected and first occupied in September, 1891. The number of patients treated during the past year has been 15,906, with 47,308 prescriptions. The work of the Dispensary is divided into different departments.

The medical is under the general charge of Dr. F. P. Percy, who gives a clinical lecture on Wednesday. Its attending physicians are, on Monday, Dr. E. F. Norcross ; Tuesday, Dr. F. A. Davis ; Wednesday, Dr. M. M. Pierson ; Thursday, Dr. M. E. Mosher ; Friday, Dr. J. T. Cutler ; Saturday, Dr. J. A. McDonald. They have treated 2,247 patients, with 5,433 prescriptions.

The surgical is under the charge of Dr. A. Boothby, who gives a clinical lecture on Monday. The attending surgeons are, on Monday and Wednesday, Drs. H. D. Boyd and W. E. Barnes ; Tuesday and Friday, Drs. A. H. Powers and E. J. Peasley ; Thursday, Dr. J. E. Briggs and Dr. E. F. Norcross ; Saturday, Drs. J. E. Briggs and Marion Coon. It has treated 1,951 patients, with 5,650 prescriptions.

The Woman's on Monday, Dr. J. S. Shaw and Dr. M. E. Farnham ; Tuesday, Drs. M. E. Mann, M. S. Hornby and R. A. Davis ; Wednesday, Drs. M. B. Currier and M. F. De Normandie ; Thursday, Dr. G. R. Southwick ; Friday, Dr. A. B. Church ; Saturday, Drs. Mary E. Mosher and Lucy Appleton. Treated, 1,482 patients, 5,379 prescriptions.

The Children's, on Monday, Dr. R. A. Lawrence ; Tuesday, Dr. A. H. Chipman ; Wednesday, Dr. M. G. Champlin ; Thursday, Dr. E. M. Phillips ; Friday, Dr. Mary S. Hornby ; Saturday, Dr. L. A. Kirk. Treated, 1,083 patients, 1,935 prescriptions.

The Eye and Ear, on Monday and Thursday, Drs. John H. Payne and L. H. Kimball ; Tuesday and Friday, Dr. A. A. Klein ; Wednesday and Saturday, Dr. George R. Suffa. Treated, 2,335 patients, 5,726 prescriptions.

The Skin, on Monday, Dr. J. H. Urich ; Thursday, Drs. J. L. Coffin and A. H. Powers. Treated 514 patients, 1,277 prescriptions.

The Throat, on Monday and Thursday, Dr. T. M. Strong ;

Tuesday and Friday, Dr. George B. Rice. Treated 643 patients, 2,435 prescriptions.

The Chest, on Tuesday and Friday, Drs. H. C. Clapp and Percy G. Browne; Dr. S. Calderwood from April to October. Treated 503 patients, 1554 prescriptions.

The Nervous, on Monday and Thursday, Dr. F. C. Richardson; Tuesday and Friday, Dr. W. O. Ruggles. Treated 451 patients, 1,793 prescriptions.

The Rectal, on Monday and Thursday, Drs. H. E. Spalding and F. W. Halsey. Treated 60 patients, 324 prescriptions.

The Genito-urinary, on Wednesday, Dr. S. H. Blodgett; Saturday, Dr. O. B. Sanders. Treated 138 patients, 508 prescriptions.

The Orthopedic, on Wednesday and Saturday, Dr. George H. Earl. Treated 33 patients, 122 prescriptions.

The Dental, on Monday, Dr. J. J. Loizeaux; Tuesday, Dr. F. S. Fogg; Wednesday, Dr. E. J. Ferry; Thursday, Dr. M. E. Gallup; Friday, Dr. M. L. Woodard. Treated 1,457 patients, 1,477 prescriptions.

Dr. S. H. Blodgett is superintendent of all the branches. Dr. Helen S. Childs is the pharmacist. A. G. Howard and Cordelia M. Whittier are the resident physicians. Hovey L. Shepard and Caroline Y. Wentworth are the resident surgeons. The janitor of the building is Cornelius Spellisy.

Although in the temporary absence of the Treasurer we have not the exact report of our finances for the year, yet it is gratifying to know that in spite of the monetary depression, our income has not been reduced, and has proved sufficient to meet our expenses, but a serious matter presents itself. Already the building, which we have occupied but little more than three years, is often inconveniently crowded with patients, and greater facilities must be provided for its work. The present building was roofed in to meet the immediate necessities of the dispensary and only awaits additional funds for its completion in the manner that would make our institution one of the largest of its kind in this country. This will require an additional \$100,000, but it would not only largely add to the facilities of this institution but also give opportunity for the Maternity which is so greatly needed by our beneficiaries. If a single gift made to some of our older and already well endowed institutions were conferred upon this younger charity, it would enable us to double the amount of work at present done, and to give a new institution of great and permanent value to the community.

#### MELBOURNE HOMŒOPATHIC HOSPITAL.

The world is not so large that our antipodal colleagues forget their friends in New England, and it is always a pleasure to hear

of the good work done in the vigorous institution under homœopathic management in Melbourne, and to note the progress made by it from year to year. A portion of the annual report of the resident medical officer of the Melbourne Homœopathic Hospital is quoted as a matter of general interest.

The number of in-patients was 804, of whom 48 remain, so that 756, or 5 more than last year, were discharged. The deaths numbered 65, mostly of chronic incurable cases, which we were compelled to admit on the grounds of pure charity.

Among the total number treated were 127 cases of typhoid fever, of whom 10 died; a mortality of less than 8 per cent.

The surgical wards have been kept very busy, the total operations performed being 233, an increase of 92 over last year's number.

The casualties numbered 202, an increase of 50 for the year.

The total out-patients treated amounted to 3,334, being an increase of 360 for the year.

So that in every department there is an increase in the number of patients seeking homœopathic treatment.

#### THE CALCUTTA HOMŒOPATHIC CHARITABLE DISPENSARY

is continuing its good work with unabated energy and with commendable success. Its last annual report showed that 2,378 patients applied for treatment, to whom 8,209 prescriptions were administered. Among the diseases tabulated are found nearly 300 cases of simple and continued fever, of which 181 were known to be cured; and 988 cases of intermittent and remittent fevers, of which number 518 were known to be cured, of the remainder the majority failed to report the results of treatment. The work of this charity includes the distribution of "free diet" to those in extreme need, and a prover's union connected with the Dispensary has undertaken the proving of a new Indian drug, *Tinaspora cordifolia*, making the third indigenous drug thus studied.

The following paragraph quoted from the report shows the earnestness with which the work is being conducted:—"But good work must be followed by better. The committee find that the demands on this Charitable Dispensary for medical help are daily increasing and the sphere of usefulness is widening before their eyes. They find that the funds at their disposal are still hopelessly inadequate for the important and useful work which they have set before them. The cherished project of a hospital in connection with their Dispensary has not yet been realized. The committee take this opportunity to appeal to the charitable public both here and in foreign countries for sympathy and support, which they flatter themselves they have in a

manner deserved by their past work. They appeal to the lovers of the homœopathic system of healing in all lands and climes for earnest and hearty co-operation. They appeal to the Maharajas, Rajas and other noble men of their own race to come forward to the help of their destitute and diseased fellowmen. Foreigners from the most distant countries help them, let them follow their noble example by helping themselves."

#### HOMŒOPATHY IN MISSOURI.

The following has been received from Dr. W. C. Richardson, of St. Louis:—"The Missouri Institute of Homœopathy has begun its campaign for recognition by the State government. At a meeting of the institute in St. Louis in April last, a committee of five was appointed to call upon the State authorities, and urge the granting of such recognition.

The homœopathist will make a strong fight for recognition in the State eleemosynary institution, more particularly the insane asylums, and for the establishment of a chair of homœopathy in the State Medical College in the university at Columbia. The committee is composed of Dr. W. C. Richardson and Dr. W. B. Morgan, of St. Louis Dr. T. H. Hudson and Dr. E. F. Brady, of Kansas City, and Dr. J. H. Ravold of St. Joseph.

The Institute bases its demands for recognition by the State, upon the large number of patrons and practitioners of homœopathy in Missouri; estimating that the physicians and patrons pay from one-sixth to one-fifth of the entire taxes in Missouri; those in St. Louis paying one-third, and those of Jackson county, one-half of the taxes levied in those districts. What the institute asks, is control of one of the insane asylums of the State, and a chair in the medical department of the State University. The outcome of this effort to secure a fair distribution of State patronage is anxiously waited for.

#### HOMŒOPATHIC LITERATURE

has been enriched during the past year by the publication of several exceptionally worthy and useful books, many of them presenting features which contrast strongly and favorably with the now old-time publications. Among them might be mentioned Dr. Edwin M. Hale's "Practice of Medicine"; Vol. I of Dr. Wm. C. Goodno's "Practice of Medicine"; Dr. Robert N. Tooker's "Diseases of Children and their Homœopathic Treatment"; Dr. Wm. H. Burt's "Characteristic Materia Medica Memorizer"; a new edition of "Cough and Expectoration. A Repertorial Index of their Symptoms" by Drs. Lee and Clark; a scholarly treatise on the "Science of Homœopathy," by Dr. Charles J. Hempel; "The Truth About Homœopathy," by the

lamented Dr. Wm. H. Holcombe ; "Therapeutics of the Serpent Poisons" and "Homœopathy: All About It," by Dr. John H. Clarke, editor of "The Homœopathic World," and "The Life and Letters of Dr. Samuel Hahnemann," by Thomas L. Bradford.

Many more "Facts and Figures" of like character might be cited, but it is by such as the foregoing that homœopaths bear testimony to the fact that they are not yet dormant.

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#### EDITORIAL NOTES AND COMMENTS.

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THE ONE HUNDRED AND FORTIETH ANNIVERSARY OF THE BIRTH OF HAHNEMANN. — On the 11th of April, 1895, the New England Hahnemann Association will celebrate this occasion by a social reunion and banquet. At the same time the Massachusetts Homœopathic Medical Society, whose members are believers in and practitioners of the principles announced by Hahnemann just a century ago, will hold its fifty-fifth annual meeting. Those two associations, uniting in appreciation of the value to the world of the life and work of Hahnemann — the medical reformer — cannot but gain increased strength and vigor from this meeting. The arrangements will be made on an extensive scale, by a committee competent to the task. A fine hall, excellent dinner, choice music and eloquent speaking will go far to make this a memorable occasion to all who may be fortunate enough to be present. The programme will be presented at an early day.

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"WESTBORO HOSPITAL ALL RIGHT." — Such is the headline which greeted readers of the *Boston Journal* on the evening of Jan. 25th ; and the affirmation coming from such a source and based upon a very thorough investigation of the institution by a committee of the State Legislature will be received with rejoicing by all friends of homœopathy. The remarks of the *Journal* are quoted verbatim, comment being unnecessary.

"The Legislative Committee on Public Charitable Institutions returned this morning from a trip to the Westboro Insane Hospital. The controversy concerning the latter institution and the correspondence recently published concerning the Governor's reference to the hospital in his inaugural address caused the committee to make a more thorough examination than they might otherwise have done. Nine of the eleven members on the committee went to Westboro and spent several hours at the institution.

Said Dr. Harvey, of Worcester, Chairman of the committee, to the press today: 'Our committee visited Westboro and were for several hours at the hospital, which time was spent in a thorough examination and inspection. Many of the committee spent the day at the institution. We have no adverse report to make, but on the contrary unanimously agree that it is one of the best managed institutions in the State, if not in the country. The public funds are used economically and wisely and there is no extravagance as there is in other institutions of the State. As to the care of patients there I would say that the treatment accorded is on a par with that given in any like institution in the United States. The requests made by the Trustees this year we consider modest for the purpose of repairs and additions. They amount to \$12,500. The committee is prepared to recommend that they be granted this amount and will so report.'

Questioned as to the Governor's criticism, Dr. Harvey said that His Excellency had merely stated that while the institution was not satisfactory, an improvement was noted. That remark should be taken for what it was worth, nothing more.

Senator Neill, of Fall River, a member of the committee, said that he considered the hospital most economically managed.' "

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AMERICAN INSTITUTE OF HOMŒOPATHY. BULLETIN No. 3.— [The GAZETTE calls the attention of its readers to the following announcement, which is of importance to all who are interested in the next meeting of the Institute, and who may wish to make plans for their personal comfort and entertainment while attending the session.]

Mr. Warren F. Leland having secured the management of the Ocean House, Newport, for a second season, dates already announced for the opening of the session and for the promenade concert may be considered as definitely determined. Mr. Leland will conduct the Ocean House on the same first-class plan and with the same liberal policy that have always characterized hotels under his control. The circumstance that this will be his second year at Newport, is abundant proof of his intimate acquaintance with the peculiar requirements of visitors to this famous resort, and sufficient evidence that all will be satisfactorily met. An excellent orchestra will give fine concerts at the Ocean House thrice daily; that in the forenoon may be utilized for dancing by the children should a sufficient number attend to render such action desirable. The rates will be \$4.00 and \$5.00 per day. Orders for rooms may be sent to the undersigned and will be filled in the order of their receipt. When not otherwise specified engagements will be considered as commencing at noon

on the opening day of the session and "all rooms engaged will be charged for from the time of engagement" whether the expected guests then appear or not "provided they do not give ample notice so that the room engaged can be given out to other people." There are fifteen private parlors ranging in price from \$7.00 to \$10.00 per day, which, with the adjoining bedroom for a *single person* will make the charge from \$12.00 to \$15.00 per day, according to size and location. In order to minimize discomforts and complaints, officers of every grade, past officers and *all others* desiring a private parlor at headquarters should make application at once to the undersigned. They will be assigned strictly in the order of application, provided such course in no case prejudices the interests of the Institute.

Orders for accommodations at the Perry House have already been received. Rooms will not be reserved after 7 P. M. of the opening day unless paid for in advance. This rule will probably be adopted by the proprietor of the Hotel Aquidnick also, who has likewise filed orders for the anniversary.

The excursion on Narragansett Bay and the clambake will take place Saturday, June 22. Local exigencies require the boat to leave the wharf not later than 12 M. It would be better if it could start at 11.30 A. M. This will necessitate holding the annual election not later than 10 A. M., for the sail must not be devoted to lobbying, but rather its varied panorama and curious viands of the bake be permitted to serve as balm to the vanquished.

Negotiations have been entered into for an excursion to Block Island, thirty miles out on the broad Atlantic, for Tuesday, June 25. This will afford the only opportunity for the doctors and their friends to take an ocean sail in a boat sufficiently large to afford any sort of a guarantee against the pangs of *mal de mer*. Unfortunately definite arrangements cannot be made for a month or two yet.

Pleasant sails of two or four hours' duration may be taken to Narragansett Pier, Wickford, Rocky Point and Providence and return. For those unwilling to risk the qualms of seasickness, tally-ho or other driving-parties may be arranged and thus a delightful ride to Narragansett Pier be enjoyed. This trip consumes the entire day and utilizes two steam ferries.

It is rumored that many delegates from the South and West propose to take the Fall River boat at New York, on Wednesday night. That is a very pleasant idea. Such persons will find it no less pleasant, however, to stop over long enough on their return to sail up the Hudson River at least as far as Poughkeepsie. It should be remembered also that the New York & New Haven Road affords excellent service by its Colonial Ex-

press from Washington, (as well as by more local trains), and the Wickford boat for those whose time is limited. Sleepers over the Hoosac Tunnel route and on the Boston & Albany route may be switched on to the Old Colony System at Fitchburg and Framingham, respectively, and passengers deposited at Newport without change of cars. These are simply suggestions for those interested.

The offer of Rev. I. Newton Phelps, pastor of the First Baptist Church, to omit his regular Sunday evening service, June 23d, that the Institute may then hold its Memorial Service in honor of its deceased members, has been accepted. The regular choir and, perhaps, a special one will be at the disposal of the special committee thereon.

Correspondence may be directed to the several hotels at which the visitors may stop, and to the First Baptist Parsonage which stands in the churchyard. A Bureau of Information will be established at the Ocean House, where a competent adviser will always be found. The undersigned will take permanent quarters at Newport not later than Monday morning, June 17, and as much earlier as the exigencies of the situation may require to make sure that all responsibilities entrusted to him have been fully met. He may then be addressed at the Parsonage or at the Ocean House. It will be well for all interested to keep the several bulletins of the Local Committee of Arrangements at hand for ready reference as announcements will not be repeated.

GEO. B. PECK, *Sec'y Local Committee.*

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THE DISCOVERY OF THE ANÆSTHETIC PROPERTY OF SULPHURIC ETHER has been a matter of keen dispute, and even to-day there would seem to be in some minds an honest doubt as to whom credit for the discovery is due. As to the first important demonstration of this property, however, and the introduction of ether-anæsthesia into surgical practice, there seems to be no room for doubt, and in this connection it may be interesting to note the part played by the lamented "Autocrat" in the introduction of the terms "anæsthesia" and "anæsthetic" as associated with the state produced by the inhalation of ether. Attention has been directed to this entire subject by Dr. William J. Morton in a collection of memoranda relating to the discovery of anæsthesia, from which the following is taken :

"ORIGIN OF THE TERM ANÆSTHETIC.

*To the Editor of the Medical Record :*

*Sir :* — I notice, in your issue of Dec. 8th, an account of a conversation upon this point, between Mr. Edgar Willett and

Dr. Oliver Wendell Holmes, when the latter was in England, in 1886.

"It is quite possible that Dr. Holmes had forgotten that he had, in 1846, written to Dr. Morton a letter elaborately analyzing the varied appropriateness of several terms, and I take pleasure in sending to you from among my father's correspondence a copy of Dr. Holmes' original letter, exactly corroborative of the conversation above referred to. Dr. Holmes' letter reads as follows :

'BOSTON, Nov. 21, 1846.

'*My dear Sir:*—Everybody wants to have a hand in a great discovery. All I will do is to give you a hint or two, as to names, or the name, to be applied to the state produced and the agent.

'The state should, I think, be called 'anæsthesia.' This signifies insensibility, more particularly (as used by Linnæus and Cullen) to objects of touch. (See 'Good-Nosology,' p. 259). The adjective will be 'anæsthetic.'

'Thus we might say the state of anæsthesia or the anæsthetic state. The means employed would be properly called the anti-æsthetic agent. Perhaps it might be allowable to say anæsthetic agent, but this admits of question.

'The words antineuric, aneuric, neuro-leptic, neuro-lepsia, neuro-etasis, etc., seem too anatomical; whereas the change is a physiological one. I throw them out for consideration.

'I would have a name pretty soon, and consult some accomplished scholar, such as President Everett or Dr. Bigelow, Senior, before fixing upon the terms which will be repeated by the tongues of every civilized race of mankind.

'You could mention these words which I suggest for their consideration; but there may be others more appropriate and agreeable.

Yours respectfully,

'DR. MORTON.'

O. W. HOLMES.'

When the child now known as anæsthesia had been born into the world by the public demonstration of a painless capital operation at the Massachusetts General Hospital, Oct. 16, 1846, it had no name, and none could be immediately found for it, since the language of the day had not as yet been called upon to express the act or the state produced by the act. It was necessary to christen it. Accordingly, a meeting was held at the house of Dr. A. A. Gould, at which were present Dr. Henry J. Bigelow, Dr. O. W. Holmes and Dr. Morton, and Dr. Gould read aloud a list of names which he had prepared. On hearing the word 'Letheon,' Dr. Morton exclaimed, 'That is the name the discovery shall be christened.' Dr. Gould and the others

also favored this name, derived from the mythological river Lethe. But after a subsequent consultation with Dr. Holmes and a consideration of the terms suggested by him in the above letter, Dr. Morton adopted the terms anæsthesia, anæsthetics and etherization, the terms now in common use."

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THE HATCHET NOT YET BURIED. It is often said by those who are optimistically inclined that the old antagonism between the traditional and homœopathic schools of medical practice is rapidly becoming a matter of history, that it has in fact already become a thing of the past. That the bitter opposition and unreasonable prejudice of the old towards the new is not as frequently and publicly paraded as it once was, is a matter on which there is scarcely room for two opinions. But that the hatchet has been simply laid aside, not buried, is perhaps all that can be said that is wholly consistent with facts. That the hatchet is actually within reach and that hands are ready to grasp it and use it is made evident by the following quotation from *The Medical Record* of Jan. 19th, to which the attention of ardent advocates of coalition is directed:—

"At the meeting of the New York County Medical Association, held Dec. 17th, a resolution was adopted protesting against the appointment by Governor-elect Morton of a homœopathic practitioner to supersede Dr. Joseph D. Bryant in the position of Surgeon-General of the State."

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INCO-ORDINATED VIEWS. — In connection with certain contributions to the January issue of the GAZETTE, it seemed not out of place to include among the "Editorial Notes and Comments," a little item in the form of a jest, with a few prefatory remarks intended to suggest the attitude of the GAZETTE towards what is now known as "Orificial Philosophy." It is a somewhat hazardous thing for an individual or a journal to attempt to present two sides of a question concerning which there is apt to be quite as much sentiment as reason, and in the present instance the course of the GAZETTE has called forth in about equal measure, expressions of approval and disapproval from the advocates and from the opponents of "Orificial Philosophy."

The GAZETTE has no desire to avoid suitable controversy or to shrink from defending its position or utterances on any question, but submitting to the limitations of space and time it contents itself with presenting herewith a letter, of a somewhat personal nature, and an item clipped from an esteemed contemporary, which have been selected from the items and communi-

cations relating to the articles under consideration, and received since their publication.

*To the Editor of the New England Medical Gazette:—*

May I be allowed a few words anent your editorial in the January number? Does the result of an editor's effort to find something funny in the grim field of medicine and surgery, "reveal beyond the possibility of doubting, what they think of it in Chicago?"

And even if the quotation be a record of fact, does the facetious answer to a question, previously suggested by the lecturer to his class, prove what you assume for it? The witticism in itself is very neat, but that it should be made the text for a slurring editorial, is the surprise: especially when the Editor himself is "an enthusiastic partisan of the (most) pretentious medical theory of the age." Albeit we agree with him, that the theory of *similia* is *true* and *worthy* of enthusiastic support, because we have not only read of it, but *tested* and *proved it* and having also tested and proved the orificial philosophy (as I think he has not) we can maintain just as enthusiastically *its* truth and *its value*, although it does not claim, nor does any one claim for it, that "it is to turn all sickness into health."

We do claim, however, that a theory that enables us by its application, to restore to health even a *part* or a portion of the many whom neither the best exponents of Hahnemann's theory, nor any other method of practice, could cure without it, has a right to expect from all fair-minded men, the decent and respectful treatment which the editor would surely demand for the theory he represents, and which has been, and still is, quite as conspicuous a target for professional wit and humor, and also for like editorial warnings against "delusions and deceptions," as is the orificial philosophy. "Ridicule has no place in scientific discussion: it is the poor refuge of those lacking arguments to sustain their position."

Asking only that some of the cases of chronic disease, which your best means fail to restore to health, shall be given the benefit of the orificial philosophy, if it is found applicable,

I remain yours truly,

LESLIE A. PHILLIPS.

Without comment other than that implied in its quotation, the following clipping from the *Boston Medical and Surgical Journal*, Jan. 17th, is offered for perusal:—

A TRIUMPH OF ORIFICIAL SURGERY. — An orificial surgeon reports in a recent number of a medical journal a case of "phthisis" cured by the operation for laceration of the cervix. The patient had a severe and long-continued cough and hectic

fever, and what the surgeon calls an "interstitial inflammation of the lungs," with infiltration and obstruction of the air cells. "On the day of the operation the temperature reached 97.6°, and never rose above 99° afterwards." Some light is thrown upon the nature of the case by the surgeon's stating that it was a case of phthisis of neurotic origin, and that such cases are often successfully treated by "removing the distal point of pathology." Other successful results of "orificial surgery" are a case in which chronic eczema of the hands was cured by stretching the rectum, and another case of the same disease cured by loosening the "hood" of the clitoris and "clipping of irritated points at the various outlets of the body." Of course all the resources of therapeutic art had been exhausted upon these cases before they came under the care of the "orificial surgeon." A more transparent form of quackery than some of this orificial surgery can hardly be imagined. The author of the article referred to above states that in his observation "many cases of insanity are made worse by the operative procedure, but the secondary effect is most satisfactory." In his opinion "a conservative orificial surgeon should be connected with each of our State hospitals for the insane." This last idea seems an excellent one, if he be connected in the proper capacity, that is, as a patient rather than a surgeon.

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## SOCIETIES.

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### *BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The annual meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, Jan. 3, 1895 at 7.30 o'clock, President William L. Jackson, M.D., in the chair.

It was voted to dispense with the reading of the records of the last meeting.

The following physicians were elected to membership: Harrie W. Greene, M.D., Roland A. Davis, M.D., and Marion Coon, M.D., of Boston; Charles L. Farwell, M.D., of Allston. Proposals for membership: C. C. Ellis, M.D., of Somerville; F. W. Dodge, M.D., of Norwood; Alice M. Rowe, M.D., of Boston; George W. Crane, M.D., of Foxboro, and B. L. Dwinell, M.D., of Taunton.

The report of the Secretary for 1894 was read and adopted, likewise the Treasurer's report.

In the absence of the committee on nominations the election of officers was deferred until later in the evening. Prof. John A. Rockwell presented the subject of "Blood," for some special

meeting of the Society since it came under no existing section.

On motion of Dr. I. T. Talbot it was voted to hold a special meeting of the Society, on Thursday evening, Jan. 17th, for the consideration of the subject mentioned, and that Profs. John A. Rockwell and J. P. Sutherland be a committee to make preparations of the programme etc., for same.

The Secretary read the resignation of Dr. Henry C. Angell, which was accepted.

SCIENTIFIC SECTION. — SECTION OF SANITARY SCIENCE AND  
PUBLIC HEALTH.

J. Heber Smith, M.D., Chairman; E. A. Brackett, M.D., Secretary; D. G. Woodvine, M.D., Treasurer.

Subject: "Diphtheria."

The section was opened by remarks from the Chairman, after which the committee was appointed to make nominations for officers of the section for the ensuing year. The committee consisted of Drs. M. W. Turner, F. P. Batchelder and F. H. Krebs, who reported for chairman, Dr. J. Heber Smith; secretary, Dr. W. N. Emery and treasurer, Dr. W. M. Townsend, and they were duly elected.

In the absence of S. A. Calderwood, M.D., who was assigned the subject, "Recent Approved Measures for Public Protection," Liberty D. Packard, M.D., spoke at some length upon the prevalence of infectious diseases in the public schools, the work of the recently appointed medical examiners, the examination of all suspicious cases, the importance of early recognition and the advantage of strict quarantine regulations.

The next speaker was Dr. Conrad Wesselhœft who spoke of "The Constitutional and Symptomatic Treatment of Diphtheria." He spoke against the use of irritating sprays and injections, and had of late come to use milder applications. He recommended the use of per-oxide of hydrogen and of charcoal locally, and of sulphuric and nitric acid or various salts of mercury according to indication. Dr. Wesselhœft hoped that the use of "serum" would prove of great value.

Dr. Winthrop T. Talbot presented several slides of bacteria found in the throat in cases of diphtheria and also cultures of the same, with a specimen of "serum" and syringes for its injection.

Drs. H. E. Spalding and F. B. Percy spoke of "The Adjuvant Treatment of Diphtheria." The former speaker mentioned the importance of correct dietetic treatment with mild stimulation if necessary. Dr. Percy considers diphtheria a constitutional disease with local manifestations. He spoke of the possibility of finding the germs of the disease in healthy

throats. Believes in local treatment and advised a nutritious diet from the beginning. Thought alcohol was of great value used locally as a gargle, in atomizer or spray.

The surgical treatment was discussed by Drs. James B. Bell, Alonzo Boothby and J. Emmons Briggs. Dr. Bell felt that any surgical procedure in diphtheria was simply an expedient to prolong life. He mentioned tracheotomy and the difficulties attending operation in unfavorable surroundings. "When shall we operate?" When the stenosis is sufficiently advanced to cause distressing dyspnoea, and the chances with operation are better than those without. He urged conservative treatment in diphtheria and the employment of homœopathic remedies.

Dr. Boothby said, "it is generally admitted that if this disease is not constitutional in its inception it soon becomes such. The operation is simply a means of relieving stenosis. He said it was absurd to speak of the mortality from tracheotomy. Deaths are due not to the operation but to the disease. He advised tracheotomy in preference to intubation, on account of possibility of obstruction below the larynx.

Dr. Briggs spoke of the advantages of intubation over tracheotomy and quoted statistics from the Annual of the Universal Medical Sciences 1894, Vol. IV., p-E-1, showing an aggregate of 2,417 tracheotomies with 586 recoveries, (24.2 per cent.) and 5,546 intubations with 1,691 recoveries (30.5 per cent.)

Dr. Horace Packard said he had had experience with both tracheotomy and intubation and did not see how a surgeon who had ever done an intubation could prefer tracheotomy.

Dr. I. T. Talbot spoke of "The Needs of the Hour in our Public Institutions," emphasizing the progress of homœopathy. Statistics favor homœopathic treatment. He compared the Massachusetts Homœopathic Hospital with the City Hospital, and the Westboro Insane Hospital with other insane asylums, showing a per cent. of recoveries, 67 to 34 in favor of the Westboro Hospital. Allusion was made to the Governor's message which said that the institutions of the State were in excellent condition except perhaps the Westboro Hospital and the Hospital for Dipsomaniacs in Foxboro. Dr. Talbot said that figures proved the opposite. Westboro was excellent as usual and the others were improving.

A committee, composed of Drs. I. T. Talbot, C. Wesselhœft, Horace Packard, J. Heber Smith and J. Emmons Briggs, was appointed to confer with His Excellency the Governor.

The committee on nominations reported the following officers for the ensuing year: President, Herbert C. Clapp, M.D.; Vice-Presidents, George B. Rice, M.D., Clara E. Gary, M.D.; General Secretary, J. Emmons Briggs, M.D.; Provisional Secre-

tary, F. P. Batchelder, M.D.; Treasurer, M. W. Turner, M.D.; Censors, I. T. Talbot, M.D., Emily A. Bruce, M.D., William J. Winn, M.D.

The meeting then adjourned to the physiological laboratory where refreshments were served; music was also provided.

J. EMMONS BRIGGS, *Secretary*.

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## REVIEWS AND NOTICES OF BOOKS.

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THE PRINCIPLES OF SURGERY AND SURGICAL PATHOLOGY.  
By Dr. Hermann Tillmanns, Professor in the University of Leipsic. Translated from the third German edition by John Rogers, M.D., and Benjamin Tilton, M.D. New York. Edited by Lewis A. Stimson, M.D., Professor of Surgery in the University of the City of New York.

The great advances of the past few years in the knowledge of bacteriology have necessitated a complete revolution of the old ideas in surgical pathology, and modern methods of antiseptis have made equal changes in our ideas of tissue repair. How wonderfully crude and antiquated it seems to us now, to read, in old text-books on surgery, the ominous warnings about the susceptibility of scalp wounds to erysipelatous inflammation.

We now well know that this is a myth, and that inflammatory activity in such wounds means only that some form of micro-organism was implanted there at the time of the accident, or gained access later, and it is far more likely to have been the micrococcus pyogenes aureus or albus than the streptococcus of erysipelas, and that the threatening and perhaps fatal cerebral symptoms which followed were through the extension of the septic process, to and through the cranial bones, the dura, and the arachnoid.

This and all other pathological processes incident to accidental or surgical wounds are described in the most entertaining way in this work. The book does not pretend to be a complete treatise upon surgery. This point seems to the reviewer to be well taken, for there is so much in the field of surgery, that it is impossible to include in one volume, in a comprehensive way, all there is in pathological and operative surgery. The typographical work is finely executed and there are a great number of unique illustrations.

The volume comprises 788 pages and is published by D. Appleton & Co., New York.

H. P.

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MONTGOMERY gives the following as the three cardinal symptoms of cancer of the uterus: hemorrhage, pain and fetid discharge.

## PERSONAL AND NEWS ITEMS.

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DR. B. W. MORSE, late of Elmira, N. Y., died Dec. 26, 1894, after a long illness.

DR. H. E. RUSSEGUE, formerly of Hartford, Conn., has located in Springfield, Mass.

DR. A. D. BOWMAN, class of '92, B. U. S. M., has removed from Lewiston to Auburn, Me.

DR. C. H. OAKES, class of '83, B. U. S. M., has removed from Dighton, Mass., to Livermore Falls, Me.

DR. PHILLIPS' private hospital has been removed from Gainsboro Street to 51 Mt. Pleasant Avenue, Roxbury.

DR. LISBETH D. MILLER, class of '92, B. U. S. M., has removed from Milford to 12 Cordis Street, Charlestown.

DR. WINSLOW B. FRENCH, class of '91, B. U. S. M., has removed from Brighton to 137 West Newton Street, Boston.

DR. H. A. HOUGHTON has removed his residence and office to 136 Marlboro' Street, but he will continue to retain his office in Charlestown.

DR. DOROTHEA LUMMIS, class of '84, B. U. S. M., who has been located at Los Angeles, Cal., is spending the winter doing charitable work in the University Settlement Society, 26 Delancey Street, New York City.

DR. J. F. BOTHFELD, class of '88, B. U. S. M., after three years as first assistant physician at the Westboro Insane Hospital, has resigned to engage in practice at Newton, and has opened an office at 455 Centre Street. He will give special attention to nervous diseases.

BETWEEN twenty-five and thirty sculptors have accepted the invitation of the Hahnemann Monument Committee to compete for building it. Their models will be on public exhibition during the first week in February, 4th to 9th, in the large gallery of the American Fine Art Society, 215 West 57th Street, New York.

Jan. 19, 1895.

*Editor Gazette:* I have read with much interest the articles concerning Dr. Pratt's methods in the current issue and it occurs to me that a collection of individual experiences will help to establish the proper value of these methods.

More than a year ago my attention was drawn to the work of Dr. Pratt by a brilliant cure which he made of a patient of mine, in whose behalf some of the ablest men of all schools had been consulted, and I then studied the details of the American operation, which I have since performed in four instances, each time for the relief of some chronic ailment which had resisted every effort to cure.

In the first one loss of control was persistent for a long time, but in each of the others a free use of electricity seemed to restore the function quickly and in none was there other trouble of importance.

As to results,—the first case was one of asthma of twelve years duration; he has had no paroxysm for more than six months. The second was an epileptic who has shown no benefit from the treatment. The third was a case of occipital headache, persistent and intense, and she told me recently, "I have not had a headache for three months." The fourth case was one of psoriasis and the time which has gone by, ten weeks, is too short for the rendering of judgment, although the patient's condition is better than for two years.

There are only four of these to be sure, a meagre offering to follow Dr. Phillip's list, but knowing how intractable each has been I should be glad to have made the operations, if the gain had been much less; and on account of these results I feel that I owe thanks to the Chicago "Enthusiast" for impressing me with a clearer notion of the importance of orificial conditions in chronic diseases.

HERBERT E. SMALL.

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### MEDICAL FADS.

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[*Oration Delivered before the Massachusetts Homœopathic Medical Society.*]

If one ascends the tower of the Senate-House on the Capitoline Hill in Rome, he sees spread before him a panorama of rare beauty and interest. There, over beyond Ostia, the soft azure of the horizon melts into the silver line of the sea; and there, it is broken by the deep purple of distant hill-tops; and there again, it is pierced by the snow-clad summits of the Apennines, which, rising above the dark line of the intervening Sabine hills, gleam in the warm sunshine like a vision of that city whose walls are of "jasper stone, clear as crystal." Then come the nearer hills, their green sides dotted here and there with grey castles and gleaming palaces; their tops crowned with miniature cities, whose antiquity and crumbling decay even the distance cannot conceal.

Within this frame-work is the broad-spreading Campagna, here extending towards the sea in gentle, wavy undulations; there, towards the mountains, its surface creased and broken by sharp ravines and abrupt precipices. Here and there are seen the grey ruins of hamlets and villas, of citadels and towers. Radiating from the city as a common centre, grey lines of streets stretch their uneven ways into the distance. Most conspicuous of all are the long lines of crumbling arches, the remains of ancient aqueducts.

The dark waters of the Tiber loiter in their devious way through the city and across the plains. On its farther bank stand the massive ruins of Hadrian's tomb, and near it, resting in quiet majesty, is the dome of St. Peter's. In almost the opposite direction, are the ruins of the once luxurious baths of Caracalla. Nearer, are recognized the familiar outlines of the Coliseum, its arches, tier above tier, grey and crumbling with

age; and at its side the Palatine, surmounted by ruins of palaces built upon palaces.

At his feet he sees the Forum, with its remains of ruined temples and basilicas, of rostra and shrines, lines of broken columns, and the sacra via leading through the arch of Servius. He sees, also, a rich mine of buried treasures, which the workmen open like a page of history before his eyes. Ruins everywhere! Relics of centuries!

So, it seems to me, if we take a position where we can overlook the field of medical practice, we shall see, scattered on every hand, the ruins and débris of experiment, overthrown theories and charlatanry. Each ruin is the monumental remains of some fad of the past. We may, moreover, see modern structures built on theory or empiricism, that are, likewise, destined to become crumbling ruins, to be looked upon with smiling curiosity or with contempt by future generations.

Since history is prone to repeat itself, a study of the past is the best guide for the future. It may teach conservatism, shield from hastily accepting theories for facts, and at the same time stimulate to earnest effort in scientific research and observation. A profession, as well as individuals, can profit by its mistakes. Crumbling ruins are of little value except as monuments of the history of effort, misfortune and defeat.

When sitting for his portrait, Cromwell said, "Paint me as I am, with my warts all on." While it may be humiliating, we may with profit look the practice of medicine squarely in the face and observe its warts, which I will call "Medical Fads."

We need not go far into the dim past, to discover the practice of medicine so leagued with necromancy, superstition and chicanery as to be unworthy the name of a science. And it sometimes seems that, like the flavor of old cheese, they are hard to get rid of. In a well worn copy of "The English Physician," a popular book of a century and a half ago, I read concerning digitalis, "The plant is under the dominion of Venus, being of gentle cleansing nature, and withal very friendly to nature." Concerning hyoscyamus, "I wonder in my heart how the astrologers could take on them to make this an herb of Jupiter; and yet, Mazaldus, a man of a penetrating brain, was also of that opinion as well as the rest; the henbane is, indeed, under the dominion of Saturn, and I prove it by this argument. All the herbs which delight most to grow in Saturnine places, are Saturnine herbs. But henbane delights most to grow in Saturnine places. . . . Ergo, it is an herb of Saturn." Now, if there is a revolving cycle in science, and it becomes the fad for physicians "to go star-gazing," instead of making a thorough physical examination in diagnosis, and of studying the

pathology of drug action in therapeutics, they will find this deeply scientific book their guiding star.

Early in the seventeenth century, a friar brought from the East the wonderful "Sympathetic Powder." It was the popular remedy of the day, and most marvelous stories were told of its efficacy. The Grand Duke of Florence, Sir Kenelm Digby, the Duke of Buckingham, King James I. and his son, Charles I., and many others of rank and title praised its virtues. The king's physician introduced it to France, where it became at once popular, and brought rich returns to its dispensers. Its chief sphere of action was in healing wounds. It was not, however, applied to the wound itself, but to the blood-stained garments of the person wounded. This wonderful powder was simply sulphate of copper, but the process it underwent in being prepared doubtless gave it its remedial powers. It was repeatedly dissolved, filtered and crystalized, each time being exposed to the rays of the sun during the months of June, July or August. It was finally powdered, exposed to the rays of the sun and bottled while warm with the sunshine. The counterpart of this can only be found in the attempt to make us swallow potentized moonshine.

In the method of application it has its analogue in the unguentum armorium, or weapon ointment. This is said to have been recommended by a no less personage than Lord Bacon. Here the wound was washed and dressed, and the ointment carefully applied to the weapon that inflicted it. In case the weapon was not obtainable, a wooden fac-simile of it was used instead.

Mesmerism, as introduced by Dr. Franz Anton Mesmer, is one of the unique fads of history. As a direct offspring from it we have had galvanism, magnetism and our present day hypnotism. This is one of the many instances where fact has suffered from the fiction with which it was clothed. Mesmer had studied under the best teachers in Vienna. He became interested in astrology and conceived the idea that the human body was, through electrical or magnetic influence, affected by the stars. This led him to adopt the use of magnets in healing the sick. Learning that Gossner made similar cures with his hands alone, he discarded the magnets. Removing to Paris, his reported cures brought crowds of patients to his door. While the medical faculty denounced him, the government offered him twenty thousand francs for his secret, which he refused. The method of his treatment was highly sensational. His patients, ushered into a room dimly lighted and walled with mirrors, were seated around a vat in which chemical ingredients were concocted, or a cauldron in which they simmered over a fire. They formed a

circle by taking hold of hands or being united by cords. While thus seated, the profound silence was now and again broken by soft strains of music, and delicate perfumes were wafted through the room. After a time, Mesmer, dressed like a magician, glided into the room and dispensed his treatment by stroking this patient, pointing his finger at that one, and looking at another. Some became hysterical and fainted, others were convulsed, some had severe vertigo or palpitation, and so through the long list of symptoms that may be developed through mental influences. Mountebanks and jugglers took up the practice, and for a time meeting with similar success to Mesmer, he lost his prestige. He was at first neglected, then denounced, and left Paris in disgrace.

One of the most successful as well as useless fads, was Perkinsism, or metallic tractors, the invention of a Connecticut genius, near the end of the last century. These were simply two wedge-shaped pieces of metal, one of iron, the other of brass. They became rapidly popular. Numerous physicians and surgeons, doctors of divinity and professors in colleges, in both England and America, certified to their value. In 1798, they were used in the Royal Hospital of Copenhagen, and in 1804, a Perkinian Institution was founded in London, with Lord Rivers for president. So greatly in demand were the tractors that it was difficult to manufacture them fast enough, and in their brief life of ten or fifteen years Dr. Perkins amassed a large fortune.

It is within the memory of some of us that Thompsonianism as a method of practice came to an end. Thompson revived the theory of Hippocrates, that man was composed of four primary elements,—earth, air, fire and water. That when these elements set to warring with each other, physical disturbances were set up in the shape of disease. He discarded the use of all minerals as remedies, on the theory that being of the earth, they tended to drag a man downwards to the earth,—his grave, while plants rising from the earth had naturally the opposite effect. These vagaries caught the ready ear of the public, and Thompsonian or Botanic Medicine became quite the fad.

About the middle of the present century, there swept over the medical world a revolutionary tide in the shape of Hydropathy, or the Water Cure. It was one of the tenets of the profession that water should be excluded from the sick-room. To give a fever patient water was to invite death; to bathe him, little short of murder. Most dire results were reported as coming from washing the kitchen-floor in a remote part of the house. Now when some one dared to push traditional therapeutics aside, and advocate the free use of water, it at once became

popular with the laity, and the doctors had to follow whether they would or no. As often happens, the current once started, soon became a flood. It was claimed that water hot, water cold, water tepid, water internally, water externally, water eternally, was sufficient to cure all the ills of man, and that drugs should be thrown to the dogs. Physicians were to be of little use, for the pharmacopœia being simplified to the one element,—water, every man could be a physician to himself, his family and his neighbors. The suffering attending the prohibition of water now promised to have its counterpart in its indiscriminate use. Properly beneficent and curative, it not infrequently proved injurious and deadly.

I may be pardoned if I digress a little and recount a personal experience in this line. My mother was one of our grand New England women who always aim to keep in line with the times, and, as far as the *New York Tribune* and the *Atlantic Monthly* could direct her, she did so. She became interested in the water-cure. She subscribed for the *Phrenological and Water Cure Journal*. She learned something of phrenology and, she thought, about all there was to the water-cure treatment. She readily and properly accepted the idea that cleanly and healthy were synonymous terms. Having true motherly solicitude for the health and vigor of her six boys, she concluded that the tub and sponge were not equal in effectiveness to the shower-bath. The shower is, indeed, nature's method of refreshing the earth. In the *Journal* she found some suggestions as to the method of constructing a satisfactory though primitive shower-bath. In a corner of our wood-shed she had built a closet about 2 ft. 6 x 2 ft. 6. The ceiling was perforated, and the water-tight sides extended above it, thus forming a tank with perforated bottom. Above this was suspended a tub of three or four buckets' capacity, and so arranged that by pulling a cord the entire contents would be emptied into the tank below.

I well remember how, on a beautiful afternoon in June, we were called together to take our first shower baths. With due respect to age the oldest was to have the first bath. To watch the proceedings, the rest of us huddled together, like the family of John Rogers in the catechism, only in our case each knew that he was to take his turn in the play of martyrdom. My brother entered the bath. The door was closed and buttoned. Now the carpenter had made inch auger holes for the bath, and no sooner was the string pulled and the tub emptied, than there were mingled with the splashing water, howls, yells and thumps. The button flew off, the door flew open, and a more frightened or a madder boy you would not wish to see than bounded from that shower-bath.

Maternal wisdom saw that any further attempts at giving shower baths that afternoon would meet with open revolt, and believing inaction better than defeat, she promised to have the *modus operandi* of the bath somewhat changed. The sudden deluge of water was evidently too great a shock for boy sensibilities, and she promised to have the tub so adjusted that it should be emptied by instalments instead of in bulk. The boys held a council and concluded that they knew a trick worth two of that. They stopped the holes in one-half of the ceiling with corn-cobs, inserting them from above so that they might not be readily discovered. Then everything went well. When the down-pour came the boy kept well over on the dry side. Maternal solicitude was satisfied. The boys lived.

Most of us remember the blue glass craze that swept over the land a few years ago. Reports of elaborate experiments were made, going to show the invigorating power on plant life and man, of the sun's rays when transmitted through blue glass. Medical journals and the public press teemed with them. The sick, the lame and the halt, all sought its benign and health-giving influence. Even now may be seen relics of the craze in windows wholly or in part glazed with blue glass. So great was the demand that the market was soon exhausted. It is doubtful if any one State short of New Jersey, could furnish enough blue glass for a pair of spectacles.

Then came the blood-drinking fad. Somebody conceived the idea that to drink bullock's blood warm and freshly drawn from the veins, would strengthen the weak and heal the sick. The public accepted it, and soon there was not an abattoir but was the rendezvous of a bloodthirsty throng. Bovine tuberculosis had not then had its boom.

The homely saying that "A part goes to strengthen a part" seems to have caught the scientific eye of many. Brown-Sequard, justly renowned for his original research and discovery of normal and perverted nerve function, perhaps, also, no less renowned for his want of success in curing the diseases the pathology of which he so accurately described, when in his dotage, thought he had discovered the elixir of youth in the testicular tissue of the ram. The medical world was wild with enthusiasm. There was a grand rush to Paris as the Mecca of immortality, by impotent age and by physicians from all parts of the world. The reports they sent home were all "favorable," and each returned with his hypodermic syringe and a full knowledge of the technique of preparing fresh rejuvenating fluid. They had no difficulty in finding people bewailing the waning powers of life, who were ready and anxious to try the wonderful restorer. But, alas, the treatment often proved only the means

of expediting the exchanging of this mortal body for the immortal that does not grow old any more.

Not to be outdone, Hammond has conceived the notion of supplying cerebrine, or grey matter, to those who are deficient as the result of waste incident to the friction of life's work, worry and wear. We do not hear of a rush for the new-found restorative. Located as he is in Washington, he ought to find a ready market for his wares, and, judging from the doings of the late Congress, he should be given a cabinet position.

Koch, with his tuberculine, created, perhaps, the greatest medical furor in modern times. Like Brown-Sequard, he is recognized as an able scientist. This fact guaranteed him a credulous public ear for whatever he might assert as the result of his investigations. The medical press hailed the discovery as one of the greatest of the century. The public press spread the glad tidings of a sure cure for consumption, and made daily reports of cases being cured. The actually cured were not often reported, and those so perverse as not to improve under the treatment and finally die, were generally punished for their stubbornness by being passed by without mention. The great discoverer was loaded down with praise and honorary titles that only kings can give. He was awarded large sums of money from the public treasury, and private wealth poured into his hands which, with true German instinct, ever kept extended. His clinics were crowded with patients from all nations, and physicians waited weeks at his doors for admission to his classes. It was a mad rush. Never since the days of the Pied Piper has there been such a leading and such a following. It was a tornado of public enthusiasm that the warning voice of a few men, just as able as Koch, could not check. It was of brief duration, but like all tornadoes, it left death and destruction in its wake. Few now use tuberculine.

Bacteriology has let down the bars to a broad field for enthusiasts to disport themselves in. How much evil will be mixed with the great amount of good derived from the knowledge that many diseases are only the harvest of a full crop from seed germs sown in the system, cannot be estimated. At the pace we are now going, it is certainly very near being a fad.

A direct offspring of this is what is termed sero-therapy. The serum from the blood of animals naturally immune to the disease in question, or that has been made so by injections of drugs, or of blood from those which have been immunized by the use of diseased cultures, after the manner of Koch in tuberculosis, is injected into the veins of the patient. It is proposed to use it not only as a curative, but as a prophylactic measure. Like ordinary vaccination against small-pox, it is possible that

some similar protection may be found against other diseases which, once having, ordinarily protects against subsequent attacks. It is proposed to use the serum from immune animals as a protection against pneumonia, diphtheria, tetanus, etc.

Now it is a well established fact that a person may have pneumonia every year if he will; and, unless the diagnosis has been greatly at fault, the same may be said of diphtheria, notwithstanding some theorists claiming otherwise. As for tetanus, few acute cases live long enough to try the experiment. In pneumonia, not only the serum of immune animals, but the blood of convalescents has been injected into the veins of patients. It is proposed to so immunize the cow against tuberculosis that her milk shall be curative and prophylactic against the disease, instead of a disseminator of it. Thus far some of the reports read well; some are non-committal; a few give doubtful results. The best reports have been from the treatment of tetanus, by injections of serum from animals immunized by terchloride of iodine. The first experiments with this were made in 1870. Lately Tazzoni and Cattoni have reported eight cases cured. But Albertoni has been impolite enough to show that they did not report several failures, and that the eight sample cases were very light and chronic, which not infrequently recover without treatment. It is greatly to be feared that reports of this character are too often the result of unbridled zeal. Should sero-therapy become a recognized means of cure, the pharmacopœia will need an appendix, and the druggists, in addition to their present stock in trade, will be compelled to put in a menagerie. They will be expected to fill prescriptions calling for serum canis immunis pneumonia, serum bovis immunis malaria, or serum asini immunis pertussis. If this treatment becomes a general prophylactic, the time will come when one cannot resent it should his enemy suggest that he has the dog, the goat or the ass in his make-up. There is a fashion in drugs as well as dress, but out of regard for your patience I must desist from my purpose to speak of them.

It is claimed that our specialists are responsible for medical fads. If that is true, they surely have a profession back of them willing to carry them along. There seems to be a general rush towards the specialties; there is, however, a demand for specialists to-day and there will be in the future. It has been said of Agassiz, that he was proficient in all branches of natural science. In his day it was quite possible for one not only to "know a little of everything," but also to be an expert in several things. To-day science has made such prodigious strides, requiring so much greater depth and exactitude in research, that it is quite impossible for a human mind to become

proficient in more than one or two, and gain a superficial knowledge of others. Medicine and surgery, as distinct branches of science, yet interwoven with others, are again subdivided, each branch so demanding deep study and close observation that no one mind can acquire a perfect knowledge of all, and keep pace with the new developments and discoveries that daily force one another across his vision. The physician should, however, be, in a general way, skilled in all branches of medicine and surgery. To-day, there is a disposition among young men to launch out as specialists the moment they get their diplomas. If the law of supply and demand holds good in educational matters, as well as in mercantile, this may account for the action recently taken by the University of Edinburgh. It has decided to grant special diplomas in ophthalmology, medical jurisprudence, mental diseases, laryngology, with aural and nasal surgery, midwifery and gynæcology to graduates who take an extra year's course. The long list of professional titles it is thus possible for the young graduate to wear is quite crushing to the sober old men of the profession. The young men probably demand this, but it does seem that it would be wiser to require a certain amount of general practice between the M.D. degree and entering the lists for a specialty degree.

The danger is that the young men specialists will run a one idea business and become starters of fads. Like other business men, they will offer the public one novelty, and when that is old will seek another. Or at best, they will be likely to have the one idea,—their specialty, and will think that through that they can reach and cure the most diverse ills. Indeed, that is the great fault of specialists now. Take a case of chorea or epilepsy to the neurologist. He finds the seat of the trouble located directly in the cerebro-spinal system, quite ignoring the eye, the nasal passages and throat, the digestive apparatus, the emunctories, the organs of reproduction and the rectum as possible sources of the neurotic disturbances. Go to each of the other specialists and they will just as surely find the entire source of the trouble in the organ over which they are the self-appointed guardians. The result is that a Stevens promises a cure if he be allowed to divide some of the recti muscles of the eye; a Bosworth will do it by removing the pharyngeal tonsil; some dietitian will give a restricted milk and vegetable diet; the nephrologist will see that the kidneys "work better" and eliminate the urea from the blood; the gynæcologist will remove the ovaries; the orificialist will circumcise and remove pockets, piles and papillæ from the rectum. Each will promise, and, doubtless, with honest purpose, to effect a cure. Probably only one could succeed, and perhaps he only in part, for the disturb-

ance may arise not from one organ alone, but from two or more. Had either of these specialists taken into consideration the full facts in the case, and made a general and thorough physical examination, he might have been saved the chagrin, and his patient the disappointment incident to failure.

We have not time to refer to all the various operations in surgery that have had their season of popularity and then, in part at least, been discarded. A few of the most recent will suggest the others.

We remember how twenty-five or thirty years ago, gynæcologists were following in the wake of Sims in cutting open the cervix, as the correct remedy for several uterine troubles. Doubtless these same gynæcologists would to-day insist upon repairing the work they did then. They seem, of late, to be trying to establish the fashion for woman to go about sans uterus, sans ovaries, so ready are they to remove them on slight provocation. And strange as it may seem, we sometimes have patients who seem quite unhappy that we cannot advise its being done.

Removal of the appendix is now "the thing" with surgeons. We look back to the days when we treated cases of peritonitis, which we now believe were primarily appendicitis, without very serious apprehension, and our patients almost always got well. Now, if we have a case, we are in a dilemma. We compare the statistics of early surgical interference with our past success under medicinal treatment, and we are sure that medicinal treatment offers the best chance to the patient. Yet should he die, we know that we shall be targets for censure from the public and from surgeons because we did not at once call surgery to our aid.

Modesty compels me to refer to orificial or rectal surgery last. As a recognized specialty in surgery this is of a comparatively recent date. It may be for that reason that most extravagant claims are made for it. It is also possible that being in it I see its defects more readily than I would were I without. I may be afflicted with a mental myopia in this instance. No one will assume that surgical work applied to the rectum or genitalia, finds its sphere of usefulness limited to these organs alone. The more we learn of the complex functions of the sympathetic nervous system, and the manifestations of reflex nervous disturbances, the more reasonably may we promise that, as the result of a simple or severe surgical operation on the diseased organs, a dyspeptic may eat without fear; a functionally disturbed heart may resume its normal force and rhythm; a cough may cease, as if by magic; a disturbed vision may improve; an aching spine or head be well again; clouds of melancholia and nervousness

give place to the sunshine of hope and repose. These things and others may be gained through orificial surgery, but that to assume that in all cases they will or can be, is absurd. The orificialist as well as the oculist, gynæcologist, every specialist, must remember that there are other organs than those to which he gives special attention, likewise so intimately connected with the great system of sympathetic nerve power, that they may be the disturbing influence, or that the trouble may be complex. Two or more organs, as the eye and the rectum, may be allied forces in attacking the citadel of life and comfort. To believe that the orificialist, backed by "orificial philosophy," can by his refulgent light cause all other specialists to flee into outer darkness, is absurd. Yet a recent writer suggests this as quite possible. He says :

"An orificialist could take the floor in an ordinary society and speak in the department of the eye and ear, nose and throat, theory and practice, obstetrics, gynæcology, heart and lungs,—in fact, in any of the bureaus, and offer such valuable suggestions as to materially detract from the value of the various papers and speeches in the bureaus, based upon the ordinary medical knowledge and measures of the day, exclusive of this revolutionary suggestion. It would make an orificial surgeon uncomfortable to listen to a long dissertation upon the subject of asthma in the theory and practice bureau, when he and every other member of the society present, was well aware that the writer of the paper, whatever his learning in medicine, was a comparative failure in the treatment of this disease and that orificial methods were a pronounced success. It would be the same when a paper was read upon ulceration of the cornea, or granulation of the lids, upon inflammation of the middle ear, or upon aphonia, or upon dyspepsia or rheumatism or insanity. And if an orificialist at one of these meetings should spring to his feet, and do himself and the knowledge which he possessed, justice upon every occasion, the entire society would soon vote him a nuisance and excuse him from farther participation in their debates. And yet, the orificial philosophy is the greatest truth of the present generation. It must revolutionize the entire practice of medicine in the treatment of chronic diseases."

I have seen a man with a dozen musical instruments fastened to his body attempt to make the world believe that he was a full band. He amused the children, and made a great deal of noise, but there was little music in it. When men claim to cure every or nearly every ill by operations on the orifices of the body, they substitute a fad for fact. When I see the hemorrhoidal inch of healthy rectums removed for the relief of trouble in some remote organ ; when I see a patient supposed to be suffering from appen-

dicitis, put through the "American operation" to "wake up the reflexes," the diagnosis being made and operation decided upon by looking in the patient's face, rather than rectum, I say I am seeing the exhibition of a fad rather than a science. Far be it from me to detract one atom from the honor due to the accredited author of "official philosophy." He has done a great work. He has aroused old and promulgated new theories,—theories that have a firm foundation of truth to stand upon. He has demonstrated new operations in surgery and improved the technique of old. His very fanaticism has aroused opposition and set others a-thinking. In this he is doing an important work in the world of science. To applaud the good things in medicine and surgery is not my province to-night, but to criticise some of the fallacies. We may justly praise, while we justly criticise. The momentum of enthusiastic research and conquest, rewarded by success, may readily drive the pioneer into reckless experiments and rash assumptions, but it is not necessary that others should follow him. To at once cast aside as fallacious every new thought, every new theory that is presented, is the part of the foolish. Medicine and surgery are not exact sciences, and they can never be except through experimental investigation, which may oftener lead to false than to true premises. This need not, however, debar further experiment and research. The false will soon die while the true will live an immortal life.

The inducements offered for original investigations are probable renown; possible pecuniary reward. Here Justice too often seems not to be blind but cross-eyed. She casts her favors upon the undeserving; allows those who have not sown, to reap. Many an investigator has discovered a new world of truth and yet died ignorant of its magnitude and worth; or he may have suffered persecution, chains, and even martyrdom in its defence. On the other hand, many a theory has been conceived and brought forth with great throes of science, to live, perhaps, for a decade and then go out; or it may die before its eyes are open, and yet its progenitor be loaded with honors and pecuniary rewards.

We, as homœopathic physicians, must not be too hasty in condemning the new and untried. We know how our own Hahnemann suffered obloquy and persecution, because he proclaimed the law of similars to the medical world. We must recognize the fact that there was no divine edict that all progress should stop when Hahnemann died. We cannot remain stationary if we would. It is useless for us to stand looking at our feet to assure ourselves that we are on a firm foundation. It is not half so important to know where we stand, as where we are go-

ing. We may well study the ruins of false theories and wild experiments ; they have done their work and passed away. The ancient aqueducts fulfilled their mission, but because they are dried and broken the fountains of Rome have not ceased to flow. They pour forth torrents greater than before, for they have back of their subterranean source a law of nature,—a power which governs the universe.

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*A CLINICAL STUDY OF HEADACHE WITH SPECIAL REFERENCE TO OCULAR AND NASAL REFLEXES AS CAUSES.*

BY JAMES R. COCKE, M.D., BOSTON, MASS.

What I have to say upon this subject concerns chronic headaches unaccompanied by pathological lesions within the brain, its membranes, the skull, and the peri-cranial tissues. I shall make the following classification of headache; the recurring and the permanent, dividing the recurring into migrainous and neuralgic or non-migrainous.

The condition of eye-strain was at first supposed to be due to some defect in the retina and the optic nerve, but afterward it was ascribed to defects in the muscles of the eye, first the external, and, when Donders discovered hypermetropia, the internal. The connection between eye-strain and the nervous disturbances, including headache, was not fully appreciated until 1874, when Brudenell Carter called special attention to it. Soon after, Wier Mitchell and G. T. Stevens began to investigate the same subject, and to the latter belongs the credit of having shown the influence which imperfections of the muscles of fixation play in the development of the nervous manifestations.

Dr. Campbell says the symptoms of eye-strain are confusion of vision, discomfort, fatigue, sometimes tenderness in the globes, and headache. He says the most common situations for ocular headache are in the forehead and the temples. He says further, that headache in connection with eye-strain may be either vertical or occipital. Dana and Culver consider pain due to errors of refraction to be generally frontal, that due to muscular errors to be commonly occipital. I do not believe that the same lesion gives rise to the same sort of headache in different individuals. Neither do I believe it will be located in the same place with different persons having the same optical defect.

Dr. Campbell made inquiry among a number of students in a large school for the blind in London, and found that they were singularly free from headache, and that when they did have it, it was very rarely located in the frontal region. He also pub-

lishes a table of blind and partially blind people. His results are: Among the totally blind, frontal headache is only very occasionally found. When it is, it occurs in those who once had their sight, and Dr. Campbell thinks that the headache is left over as a legacy, produced by eye-strain before the eyes were lost. Frontal headache is more frequent among those who are partially blind, but among these it is not so frequent as it is among those whose sight is ordinarily good.

I quote the following from Dr. Campbell: "One case showed the connection between irritation of the optic area and headache in a remarkable manner. It was that of a man, who, quite blind in the right eye, but seeing indistinctly with the left, was liable to headache over the fore part of the left vertex."

"Myopia, unlike hypermetropia and astigmatism, does not lead to fatigue of the ciliary muscles, nevertheless, it may cause eye-strain and headache (perhaps in part on account of the extra work put upon the adductors)."

#### THE LESIONS OF THE OCULAR APPARATUS WHICH MOST COMMONLY GIVE RISE TO HEADACHE.

A case of my own will illustrate the truth of the foregoing.

Mrs. S——; aged, fifty-six; consulted me in the Fall of 1889, complaining of severe supra-orbital and frontal headaches. Her family history threw no light upon the condition. She was of slight build, weighing about ninety-two pounds. She complained of digestive disturbances and constipation. She was anæmic. Pressure gave pain over the supra-orbital region at all times, and the headache came on from the slightest mental exertion, or from any attempt to use her eyes. She was very irritable and would weep profusely upon the slightest provocation. Her headaches recurred with great frequency three or four times a week. They began when she was five years of age. (It is significant that she entered school at that period of her life.) They grew steadily worse and for the thirty years preceding the time she saw me her "sufferings," as she expressed it, had made life almost unbearable to her. Her hands were icy cold at all times, and she was congenitally bald, having absolutely no hair upon her head. She gave evidence in many ways of arthritism. Interrogation of the kidneys and sexual organs gave negative results. I questioned her about her eyes, but she stated vaguely that they were all right, but when questioned closely, admitted that she was very near-sighted, and also stated that she would not wear glasses as it would make her look much older. Giving her a book to read, I found that she held it between three and four inches from her

eyes, and then required a very strong light in order to be able to read at all. I told her that she could never be free from her headaches, probably, unless she consulted an oculist. I referred her to Dr. John H. Payne. He found that she was intensely myopic, and some other slight muscular errors as well were detected. These defects were easily corrected by glasses which caused the headache rapidly to improve, and in seven weeks it was entirely relieved. Under suitable medicinal treatment her general health was restored and I know that up to the Spring of 1893 the headache did not recur. The degree of myopia with which this patient suffered was very intense. Previous to the time the glasses were used she had tried several systems of treatment, which gave her head no relief.

Hypermetropia is regarded as the most common of all the causes of eye-strain, and as being more productive of ocular headache than myopia or astigmatism. Persons afflicted with hypermetropia are in my experience the most difficult to convince of the fact. All that I have ever had a chance to study personally have insisted that their sight was superior to that of their fellows, excepting one case. I have had six cases of headache in which the oculist found a greater or less degree of hypermetropia, but other defects were also found. In four of the six inadequacy of the internal recti co-existed, while in the other two there were varying degrees of astigmatism, and also in these cases the neurotic element predominated to a very great extent.

Mrs. D. consulted me in the winter of 1892. She had sustained a number of severe mental shocks. She was of a neurotic temperament, family history fairly good. She was forty-five years of age. There had been some menstrual irregularity. She complained of severe occipital pain which was made worse by any attempt to use her eyes. She was afflicted with agoraphobia, (fear of open spaces).

The trifling affairs of life disturbed her profoundly and the slightest amount of responsibility produced fatigue. Kidneys and other organs were practically normal, excepting a slight cervical catarrh. Her appetite was poor, she suffered with insomnia. She had been treated in the past at two different times for nervous prostration. A celebrated oculist in Paris had given her glasses, but they did not relieve her headache or other nervous symptoms, and wearing them produced vertigo and great mental uneasiness. She complained of constipation, indigestion, and great mental depression in the morning. She was advised rest in bed, *nux vomica*, massage, electricity, and a large amount of food. At the end of five weeks her general condition was greatly improved. Dr. John H. Payne, at my re-

quest, made several examinations of her eyes. He used atropine in one of these. He found inadequacy of the external recti, also an astigmatism in the right eye. The left eye was also astigmatic and hypermetropic. Again glasses were tried with the same result as previously mentioned. The occipital pain was apparently made worse by them and the patient finally gave up using the glasses.

Curiously, hydrochloric acid, when given in small doses, relieved the headache for a time. The patient's condition steadily improved. She has recovered from most of the nervous symptoms, but she cannot use her eyes at the present time without bringing on the occipital pain previously mentioned. She has never had migrainous attacks. Studying the literature while treating this case, I found the following:

"There are sufferers from headaches due to defective eyes who cannot endure very exact correction without increase of pain; there are others who find full relief only when the correction is very accurate." (*Inter. Clinics*. Oct. 1891.)

After describing the symptoms which occur with paresis of the muscles supplied by the third and sixth cerebral nerves respectively, Dr. Seguin, (*New York Med. Jour.* Dec. 3, 1892), enumerates some of the following as occurring when the muscles supplied by the sixth nerve are inadequate. "The symptoms of this condition are diffused, variable, and less definite than those of the third nerve paresis. The most prominent is dizziness with a sense of indefinite fear." These symptoms were prominent in the case just mentioned.

In the other cases of hypermetropia observed by me, glasses gave great relief to the head pain and other symptoms. One of the most satisfactory cases which I have observed was that of Mrs. Y., fifty years of age. During most of her active life she had been a terrible sufferer from weekly headaches. Some of these were so severe that it was necessary to give inhalations of ether to mitigate the pain. The drugs usually given to benefit headaches seemed to make her worse. Massage gave temporary relief. I referred her to Dr. L. H. Kimball. He found inadequacy in the external muscular apparatus, also slight errors of refraction.

He performed a series of tenotomies upon her. It required about six weeks to correct the muscular defects and the relief was gratifying and astonishing. I observed the patient for about four months, and never during that time did she have a recurrence of the severe headache. I believe that recurring non migrainous headaches are due in at least eighty per cent. of all cases, partially in some, wholly in others, to ocular defects.

Some such cases have been relieved by treatment directed to the eyes.

PERMANENT OR CONSTANT HEADACHES.

Dr. Weir Mitchell (*Inter. Clinics*, Oct. 1891) believes that some of these headaches are due to eye-strain, but there are others for which he can find no cause. I have seen three cases of permanent headache. One of them was relieved by an entire change in the methods of life. He was a life-long student and had for forty years led a sedentary life. His eyes were practically normal. The headache grew steadily worse with advancing years, and he finally adopted a rural mode of life and when out of doors experienced no pain in his head.

In the second of my cases an intra-cranial lesion was discovered after death.

We could obtain no light upon the third case by any method of examination. Dr. Mitchell says the intra-cranial distress from eye-strain comes and goes, and that permanent headache is not apt to be caused, even if it may be intensified, by defective eyes. Dr. Mitchell says further, "I have sometimes, however, had a clinical suspicion that it is possible for imperfect eyes, long used to excess without correction, to give rise to a condition of occipital headache which may be called permanent in the sense that it continues for years to survive the cause." Again he says that there are children just below the age of puberty who suffer with constant headaches. He believes these headaches to be associated in some way with the development of their brains.

Dr. De Schweinitz says: "In a certain number of cases of chronic headache with normal visual acuity or with a visual acuity rendered normal by proper correcting lenses, and with no ophthalmoscopic appearance of optic nerve disease, I have observed varying degrees of contraction of the field of vision, not only for colors, but also for form. This contraction usually has been from five to thirty degrees, and when the head pain was more intense upon one side than upon the other, or when it was localized upon one side alone, the field of vision upon the corresponding side was more contracted than its fellow."

**MIGRAINE.** There are two current theories of the causation of migraine. The most popular one is the theory of reflex production from eye-strain or possibly nasal defects or other reflexes. The other is the theory of auto-intoxication.

Dr. Haig believes that the presence of a large amount of uric acid in solution in the blood is a potent factor, if not the all important one, in the production of migraine and other mala-

dies. He believes that uric acid gradually stores itself up in the liver and spleen until finally a crisis comes ; then the organs cease to manufacture urea and uric acid, the blood increases in alkalinity, the stored up uric acid rushes into the circulation, causing headache. (*Inter. Med. Annual.* 1890.)

Excess of uric acid in the blood produces characteristic symptoms. It contracts the arterioles, causing increased resistance to action of the heart, rise of arterial tension and slower heart beat. These symptoms may be observed after giving alkalies. (Harry Campbell, M. D. "Headache and other Morbid Cephalic Sensations." Lond. 1894.)

Recently Dr. B. K. Rachford, of Cincinnati, Ohio, has published two papers in the *Medical News*, for May 24, 1894, and Nov. 3, 1894, respectively, which relate to this subject. He advances the hypothesis that a substance known as paraxanthin is the cause of migrainous and epileptoid attacks. He proves by analysis of the urines that this substance is excreted in a very large amount in cases of migraine and epilepsy. Paraxanthin is a poisonous leucomaine. When injected into a mouse it will produce tetanus, stupor and death. Salomon was the first to study this substance and to publish its physiological action. His observations will be found in the following: "Ber. d. Chem. Gesellsch.," 178, 1883 and 1887; "Archiv. f. Physiol.," 1882, 1884; "Zeitschr. f. klin. Med.," 1884; "Zeitschr. f. Physiol. Chem." 1887, 1889; "Arch. f. Anat. u. Physiol." 1878, 1887; "Verhandlung d. Phys. Gesellsch. zu Berlin, 1880-81.

Moir, of Calcutta, reports a case of migraine in which the moon appeared to have had some influence on the appearance of these attacks. He quotes other authors as sharing his opinions. ("Sajous Annual of the Universal Med. Science." 1893, Vol. III.)

Lauder Brunton refers to cases of migraine resulting from decayed teeth. (T. Lauder Brunton, "Disorders of Digestion." Lond. and New York, 1888.)

I am thoroughly convinced that eye-strain is not the primary cause of migraine. It may be one of the causes.

As illustrating the protean forms in which migraine appears, one author quotes ten cases, — cases occurring at random — in which were represented the following symptoms: "Concentric retraction of the field of vision, aphasia, hemianopsia superior, numbness of one arm, vertigo, scintillating scotoma, hemiparesis, hemianæsthesia, difficulty of speech, amaurosis, and epileptiform convulsions." ("Buck's Ref. Handbook of the Med. Sciences." Vol. IX.)

Twenty-four of my cases of headache were migrainous. The following is a typical case.

Mr. — ; 34 years of age ; consulted me in the summer of 1892. He was of rather short stature, and gave evidence by every movement of possessing a neurotic temperament. The family history was mainly good. His personal history was not so. He began having severe attacks of "sick headache" at about ten years of age. As he approached maturity they grew worse. He had cerebro-spinal meningitis at the age of six. He acquired the alcoholic habit rather early in life and was a constant drinker for eight or ten years. He desisted from this about a year before I saw him. He suffered from what is called the angio-spastic variety of migraine. When an attack came on, the right arm would grow numb, the right side of the face would be pale, and the right temporal artery could be felt like a hard tortuous cord. Sometimes he had aphasia. This condition of angio-spasm with numbness would last for twenty or thirty minutes, followed by a violent headache, located upon the left side of the head, which would last anywhere from four to twelve hours, recurring in anywhere from two to five days. These fearful attacks rendered him utterly incapable of attending to business. I have observed him for two years. I found that the reflexes on the left side of the body were exaggerated. As soon as I made my first examination I referred him to an oculist. The following is the report : There was ptosis of the left eye-lid ; the left pupil was dilated to an extreme degree ; the left eye presented a compound hyperopic astigmatism ; there were no retinal changes. The pupil of the right eye was normal in size. The eye was myopic. Inadequacy of the external recti was present in both eyes. Surely such a case ought to be due to eye-strain. The external muscles of the eyes were trained with prisms, and suitable glasses were fitted. These gave him an immense amount of comfort and improved his vision, but the attacks continued to occur with as great frequency as ever. They were playing sad havoc with the patient's faculties, utterly destroying his power of concentration and attention. The urine was analyzed altogether five times, and a pathological amount of uric acid was found each time. The patient's diet was restricted. Meat was allowed once a day, fruit and green vegetables were ordered in abundance, together with skimmed milk. He was advised to use tobacco very sparingly. I gave him pearls of nitrite of amyl with directions how to use them in case these numb spells came on. They aborted a few attacks, but later failed to do so.

Next glonoin was tried. It apparently warded off a few attacks but soon lost its effect. Several of the coal tar products, phenacetine, antipyrine, etc., were each tried in turn, singly and in combination. All gave temporary relief, but each

in turn lost its effect. The same was true of *cannabis Indica*, zinc, *hyoscyamus*, *belladonna*, and *stramonium*. As the condition grew steadily worse the patient came to Boston in November, 1892. I advised the rest treatment with massage and forced feeding. He went to bed in the afternoon and had a very severe migrainous attack in the evening. The next day he suffered from positive delusions, declared that there were men standing at his bedside, etc. These continued for four or five days. During the following three weeks, however, he stayed in bed and took his food. His mind was quite clear during the rest of this interval, excepting that he had delusions of grandeur, and I feared general paresis was setting in. I called a consultant.

He believed the trouble to be specific meningitis. I believed it to be a condition of meningitis due to a product left over from the cerebro-spinal meningitis mentioned in the history. We agreed that iodide of potash was the proper remedy, and this he had in courses of eight weeks, with four weeks intermission. *Nux vomica* was given between the courses of iodide of potash, as a tonic. The migrainous attacks, after the period of rest and forced feeding, were lessened both in force and frequency, and during the Spring of 1893, it seemed as though our patient was much improved.

Instead of migrainous attacks he would have spells of "faintness," as he described it. During the last year the attacks have continued to diminish in frequency and the patient seemed to be doing remarkably well until about the middle of September of the present year, when at 3 A. M. on that date, he awoke his wife by noisy, heavy breathing, and she found him in convulsions, and in a perfectly unconscious condition. A local practitioner was summoned who at first thought he was stricken with apoplexy, but as he came to consciousness, was soon disabused of the idea. He has had a number, say four or five, of these epileptoid attacks since Sept. 15th of the present year.

Dr. Rachford has published a case in which epileptoid attacks followed migraine, and as before mentioned, he found paraxanthin in a very large amount in the urine secreted during these epileptoid attacks. Is my patient poisoning himself by producing in his system this uric acid ptomaine? And if so, why does his system produce it, and granting that it does, how can it be stopped? And, again, if it is stopped, will he recover his health, or has this poison which has been in his system all his life wrought upon the brain or its membranes an irreparable mischief? Time and further investigation alone can answer these questions. One thing I am sure of, that this case of migraine was not wholly due to eye-strain; another is that there is some

toxic substance produced by mal-metabolism, which is the active cause of first, the migrainous, and second, the epileptoid nerve storms which occurred in this patient.

Some of my cases of migraine occurring in women were post-menstrual, others inter-menstrual, where others were pre-menstrual.

**Nasal Reflexes.** Morgagni (1769) believed that worms entered the frontal sinuses and caused headache by their presence. The following are some of the symptoms of headache from nasal reflexes. Catarrhal headache is worse in the morning, shortly after getting up, and wears off towards night. Persons with nasal disease are very apt to exhibit impairment of the cerebral functions.

Stomach and liver disorders will produce a plethoric condition of the system and cause distention of the cavernous sinuses of the nose, thus producing intra-nasal pressure, and sympathetic headache. In these cases the pricking of the cavernous bodies is recommended, but Allen and Roe claim that relief of intra-nasal pressure by removal of hypertrophied tissue is necessary for a permanent cure.

Dr. Bosworth says, "There is no special symptom in any given case of headache which warrants us in the assertion that it is dependent on disease of the air-passages, and yet this distressing disease is relieved, in a large proportion of cases, by treatment directed to this region."

**Pathology of Headache of Nasal Origin.** The following is Dr. Huye's view of the pathology of headache of nasal origin.

"Structural disease of the nasal mucous membrane obstructs the lymphatic circulation and so causes waste products to accumulate in the brain and meninges, whence arises headache and other nervous symptoms." (Campbell, "Headache," etc.) Again he says, "In structural disease of the nasal membrane the lymphatics may be obstructed. By hyperplasia of tissue, communication between the meatuses may be closed. When they are thus obliterated, the air becomes absorbed and a negative pressure is created within them, the effect of which is to produce collateral hyperæmia by suction, like a dry cup." Again, "hyperæmia of distant parts may be induced reflexly. Ocular troubles as well as headache may be induced by the sympathy of the eyes with the nose."

Another writer says, "Nasal disease may indirectly cause headache through the eyes; it may, for example, induce asthenopia, a fertile source of headache." Further he says that nasal obstruction may produce headache by interfering with the aeration of the blood.

Lauder Brunton considers that headache from nasal disease

is usually situated at the top of the head, just behind the commencement of the hairy scalp.

I have had two cases of headache in which nasal disorders played a prominent part as causative agents. In one of these there was hypertrophic rhinitis, in the other serious deflection of the septum, together with adenoid tissue in the pharynx. In the second case the defect in the nasal septum was remedied by a rhinologist, and then the adenoid tissue was removed. The headaches, which were vertical and which came on in the evening were in time entirely relieved. The patient's condition was otherwise robust, and no medicines were used. The case of hypertrophic rhinitis declined local treatment.

**Reflex Headaches Due to Aural Diseases.** The following symptoms may occur as the result of reflex aural neuroses ; headache, supra-orbital pains, pains in the neighborhood of the ear, in the affected part of the head, or in any part of it. Hildanus recorded a reflex aural neurosis. He says that pain in one side of the head, with numbness in the left arm and leg, and menstrual suppression, and epileptic fits, have all been occasioned by a glass ball, not larger than a pea, sticking in the ear.

Parietal headaches are more frequent among the blind than among those who have full vision. The association of headache and tinnitus aurium in neurasthenics is well-known.

**TREATMENT.** In the fifty cases studied and commented upon in this paper, it was my endeavor, first, to remove the cause or causes and repair the mischief produced in the organism by them. Second, to mitigate recurring headaches when the patients were suffering from attacks of them.

The prime factor of the treatment of recurring headaches is to change the environment of the patients. Alas, too often this is impossible. One may talk to a patient about exercise in the open air, advise less work, and counsel a change of diet, but if duties or a want of means prevent, the talk will avail little.

I treated successfully, practically without drugs, three cases of migraine occurring in women, by persuading them to take a course of physical culture and advising healthful exercise in the open air. They all suffered from some form of eye-strain, which was corrected. I invariably restrict the amount of meat, but do not wholly prohibit it. This restriction always applies to migraine. In cervico-occipital pain, I apply from four to eight milliamperes of electricity three or four times a week. With a patient suffering from an attack of migraine in the early stages of it, I apply massage to the painful side of the head, darken the room, and give the indicated remedy. This is no easy task to ascertain. I have found migraine, occurring in

young women, when the painful side of the head is hot, and the corresponding side of the face is hot and red, and, as is sometimes the case, the patient complains of a constricting band around the head, to yield more readily to gelsemium than to any other remedy. If the pain is very severe I give three or four powders consisting of from two and one-half to three grains of phenacetine and one grain of the citrate of caffeine, and if there is evidence of nasal congestion, I add one-fourth of a grain of menthol to each powder. I give four of these powders usually, allowing ten to fifteen minutes between each. I rarely use ice or hot water on the head, and enjoin perfect repose. If the congestion is severe, I advise sipping ice-water at intervals of five minutes, for an hour or an hour and a half. *Cannabis Indica* has not proved satisfactory in my hands in doses of any size. I never attempt general treatment until I have made a searching examination of each of the several systems of the body. I have found abdominal massage of value in checking an attack of migraine. Compression of the abdominal aorta is also recommended.

In migraine associated with hypermetropia, a spoonful of cold, black, strong coffee, repeated every five minutes until the patient has taken ten or a dozen of them, has done better than any medicine I have used. In four cases of migraine a course of rest, forced feeding and massage proved very beneficial. After a course ranging for from six to nine weeks of this treatment, a course of systematic exercise in the open air completed the cure already begun. In two of these cases there was also hypermetropia. I have little confidence in Dr. Haig's salol treatment with the view of removing the uric acid from the system. It seems to me useless to attempt to remove by drugs, a product which is constantly being re-formed by mal-assimilation. This can be done by hygienic measures. If the patient cannot have these, the case is hopeless, in so far as a cure is concerned. I have found in those who were obliged to lead sedentary lives, and who are afflicted with migraine, that inhalations of oxygen three or four times a day, together with thorough massage in the evening, would both mitigate the severity of, and prolong the intervals between, the attacks.

I do not claim that in the treatment of headaches one can diagnose the origin of the headache from either its location or the character of the pain.

Headaches from eye-strain, uterine reflexes, nasal reflexes, can be diagnosticated only by removing the causes and then noting the results, and it is my belief that a simple case of headache originating from one single morbid reflex is very rare. I have seen only two such cases, therefore only a painstaking

study of each individual case will reward the practitioner with success.

The sexual organs, both in men and women, have received their share of blame too. The intestines, the stomach and liver, have each been suspected and drugged. The blood that flows through our veins has been arraigned before the bar of medical research and accused of producing headache.

The articles that we eat and drink have been suspected, and some of them, such as whiskey, gin, etc., very justly. The air we breathe has been investigated, aye, and even the moon and stars coursing through their orbits have been accused of afflicting, in some occult way, the heads of the benighted mortals who walk the face of the globe.

#### *COLCHICUM IN RHEUMATISM.*

BY E. P. COLBY, M.D., WAKEFIELD, MASS.

*[Read before the Massachusetts Homœopathic Medical Society.]*

Your chairman knowing that I had made use of colchicum in rheumatism to such an extent as to make it almost a favorite remedy, has requested me to communicate some notes as to its administration, and the invitation has been cheerfully accepted, even at the peril of being considered to have a favorite remedy, which impeachment is modestly denied.

In acute inflammatory rheumatism we have mostly learned to be fairly well satisfied with the action of *rhhus toxicodendron*, *bryonia alba*, and perhaps a half dozen other remedies which experience has taught us will alleviate the pain, shorten the duration, and greatly ward off the dangers of the attack.

In the sub-acute forms, however, we are quite often meeting instances where the results are alike discouraging to the physician and the patient; cases in which the pain and swelling, although not so great as in the previously mentioned variety, are sufficiently pronounced to be far from comfortable, and to seriously interfere with the working capacity of the sufferer. It is such patients who clamor the most loudly for relief, and their impatience falls but little short of that of the victim of acute gout.

There are manifestly divers groups of symptoms, varying both quantitatively and qualitatively, which will call for other remedies than the one under discussion, but one of the groups comes so markedly under the symptomatology of colchicum and clinical experience is so satisfactory that it can be administered with no small degree of confidence. Colchicum would seem to be peculiarly adapted to persons who have an inherited or acquired tendency to the gout dyscrasia. This may never have

manifested itself in an attack of "frank gout," but rather shown its presence by occasional discharges in the urine of uric acid, either free or in combination, by a disordered action of the liver and digestive organs generally. These patients, when an attack is present or impending, have a peculiar odor of the breath, which is recognized by some practitioners as gouty, and by others as "hepatic," both meaning in this connection the same thing. This odor—which by the way seems also to be present in the bodily exhalations—cannot be accurately described. It is heavy, aged, and decidedly offensive; as the bed-room is entered in the morning it at first gives a suspicion of being produced by ancient and illy ventilated feather beds combined with an unsanitary care of the feet. Once recognized it is not readily forgotten; even the family learn to connect it with a period of pain and lameness. It is well here to remind you that we are not now discussing the efficacy of colchicum in true gout, where it gives place to no other remedy. If with the excess of uric acid there should also be present oxalate of lime, this remedy is none the less indicated.

The rheumatic symptoms of colchicum are briefly as follows—and in saying briefly it is not to be assumed that any important symptoms are neglected—the small bones are mostly attacked *i. e.* the hands and feet, but during a prolonged seizure, there are also areas on the shoulders, arms, thighs and legs; in the lower extremities, however, more commonly confined to the knee and ankle joints. A joint feels lame and painful. Upon palpation there is an exquisitely tender spot, probably not larger than a twenty-five cent piece; the tender spot is not nearly as large as the area of pain and tenderness. There is constant pain which is made worse by exercise of the part, and the pain is not diminished by a continuation of the motion; is rather increased.

The swelling is not great and the redness does not amount to more than a bright pink blush. In a short time the corresponding joint on the opposite side is affected in a like manner. This does not necessarily involve an improvement in the joint first affected. The tender spot is not so often in the articular surfaces as in the tenderous attachments. The pain and soreness may last for several days, or may suddenly disappear during the middle of the day, to return at night as bad as in the beginning. Sometimes the onset is in the shoulder and while the whole shoulder is lame and painful, the spot of tenderness is no larger than previously mentioned. With the pain there is a sense of weakness, almost of paralysis, in the member to which this joint belongs. Atmospheric influences are felt very keenly, the pains are much worse in a damp east wind. A per-

son with this affection is as sensitive to meteorological changes as an aneroid barometer. The period immediately preceding a storm is one of torture, but when the storm is fully developed and the rain is falling copiously, there is often complete relief. One of these patients can foretell a "gulf cyclone," sweeping up the coast before it reaches New York. The warmth of the bed does not seem to relieve the pains. Bandages of gutta percha or India rubber render the pain somewhat more bearable. These subjects even while not suffering from an attack are likely to have stiff muscles, which soon become tired from exercise; as a rule they are not good sleepers. If this were an article upon this disease instead of the remedy there would be something to say upon the subject of diet. About one-half the cases are of a constipated habit, and are in greatest danger when the constipation is most obstinate. You will also find that most of them know that they have a back. After using the remedy in various attenuations, I have become convinced that satisfactory results in these cases were only obtained by the administration of very material doses. Instances come to my mind where dilutions failed to give relief, but readily yielded when material doses were given. If this had occurred but once or twice it could be attributed to the recovery from a self-limited disease about the time the larger dosage was begun, but the coincidence has been too frequent for me to accept that interpretation. A word as to the preparation used. For a long time I used the tincture made from the dried root or seed and with such poor results that all confidence in the remedy was lost, but fortunately learning that there was an English wine of colchicum made from the fresh root by Morson, of London, a specimen was procured from a reliable firm, and I have used this preparation now for some ten or twelve years with a conviction that if relief did not follow, there was a fault in the selection of the proper remedy. The neurotic symptoms often going with this affection have been so fully dwelt upon in articles by Dr. W. L. Jackson, and by the writer under the caption of the lithic acid diathesis, that I will not weary you with a recapitulation, merely pausing to say that in this particular form of rheumatism, the uric acid would seem to bear a more intimate relation than does lactic acid with the diathesis. Of one thing I am quite confident, *i. e.* that this type of rheumatism is not bacterial.

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PHYSICIAN (with ear to patient's chest) — "There is a curious swelling over the heart, which must be reduced at once."

Patient (anxiously) — "That swelling is my pocket-book, doctor. Please don't reduce it too much." — *Ex.*

*LEDUM PALUSTRE IN RHEUMATIC AND GOUTY AFFECTIONS.*

BY FREDERICK B. PERCY, M.D., BROOKLINE, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

A Professor whose learning and wisdom were the envy of every student under him, once said to his class, "Where many remedies are offered for any disease, be very sure neither the treatment nor the diseased condition is well understood." This criticism cannot be made against the dominant school of practice in their treatment of rheumatism. Rarely is it that one finds such a universal consensus of opinion as to the administration of salicylic acid or its salts in the disease. To be sure you may remind me that Osler declares that rheumatic fever is a self-limited disease and any treatment is futile in controlling it, but, none the less, he, too, has naught but good to say of the power of the salicylates to alleviate pain. Again you may quote Garrod who in his masterly way argues against the specificity of these drugs, or possibly you may remind me that Percy Wilde offers statistics to prove that they are not only useless but harmful, and that heart complications are pitiably increased thereby. Granting all this, cases enough of acute and chronic rheumatism have been treated in the way to enable one to define, limit or deny its utility, and we as members of another school of practice have merely to prove that the medicines we offer are capable of producing, under definite conditions, positive results. It is then, with some such thoughts in my mind, that the study of *ledum palustre* is offered.

*Ledum palustre* or marsh rosemary was one of the old Hahnemann drugs, and its reproving by the society of Vienna proves only confirmed its value in rheumatic trouble. It seems strange that in Hahnemann's lesser writings, where he affirms the value of *ledum* in influenza, and other various minor troubles, he makes no mention of it in rheumatism or gout. Equally surprising is it that in the history of its use in medicine, though recommended in pertussis, various forms of skin disease and locally as capable of destroying vermin in sheep, nowhere do we find any reference to its arthritic uses. You all must be familiar with Teste's recommendation of its efficacy in insect bites and have received the thanks of patients, who have found that the poison of a mosquito bite is speedily controlled by the local application of the tincture.

Before considering the symptoms in particular let us take up a few general characteristics. Hahnemann says in his introduction to *ledum*, "This very powerful medicine is suitable for the most part only for chronic maladies in which there is a predominance of coldness and deficiency of animal heat." Akin

to this is Dunham's interpretation of its physiological action, "That ledum acts on the vital force to the extent that it interferes with and retards the capillary circulation, and particularly in the extremities and the external surfaces of the body." With these statements bear in mind what Teste says: "Ledum seems to me to exercise a special action on the capillary system, in parts of the body where the cellular tissue is wanting, and which present in most cases a resisting and dry texture such as the fingers and toes." If we accept these authorities who are practically agreed, we must conclude that in rheumatic fever, in acute arthritis, in muscular rheumatism this drug is of little value, but while its use is thus restricted, it still has a wide, clearly defined field of operation. Could one only accept Wilde's theory as to the cause of rheumatism, "a defect in the supply of oxygen owing to the condition of blood or owing to impairment of its circulation in the tissues," and his belief that the condition of asthenoxia invariably precedes the manifestation of rheumatism, then might we claim ledum to be a specific in these forms of rheumatic affection.

Arranged in schematic order the symptoms of ledum are as follows:

- Pain in the loins after sitting.
- Pain in the sacrum, after sitting, when rising from seat.
- Lacerating in the shoulder-joint.
- Painful sticking in shoulder when moving around.
- Lacerating in upper arms.
- Pressure in elbow joint, worse from moving.
- Violent trembling of hands as if from old age.
- Periosteum of finger joints, painful when touched.
- Arthritic nodes on the wrists and finger joints.
- Sensation of heaviness in arms.

#### LOWER EXTREMITIES.

- Pressure in right hip joint aggravated by movement.
- Pressure in thigh posteriorly; it is as if the muscles were not in right place.
- Sensation as if beaten and soreness of periosteum of thigh bone, and in the knees.
- Laming rheumatic pains in hip joint.
- Teasing pressure from hip joint to ankle.
- Tremor of knees when sitting or walking.
- Pain in knees as if bruised or sore.
- Tense, hard swelling of knees with stinging, pressing pains.
- Swelling around ankles and intolerable pain on the tarsal joints when stepping.
- In the morning his feet feel rigid and stiff.

Obstinate swelling of feet.

Pain of soles of feet when walking as if bruised.

Bruised pain in heel when walking.

Soft swelling of big toe with pain when treading on it.

The joint pains are all aggravated by motion and by warmth of bed.

Pains are sticking, teasing or throbbing and a kind of paralytic pain.

Permit me to cite a few illustrative cases and, first of all, the two referred to by Hughes in his article on *ledum*, in "Knowledge of the Physician." They were cases reported by Pflange and are as follows :

CASE 1. Mrs. Z—— ; a needlewoman ; aged, 24 years ; two years married, healthy and robust, experienced one day last winter, a paralytic pain in the right hip joint on moving it ; when at rest she felt nothing. The pain was aroused by walking only ; it did not extend but was confined to the hip joint. No swelling or redness at the effected part. I prescribed an infusion of *ledum palustre*, but as the druggist had not the plant, I was forced to do something else in the meantime. I made the diagnosis chronic rheumatism of the right hip, and prescribed a mixture in which were mingled several so-called anti-rheumatics, thinking that the right remedy would discover his enemy and beat him out of the bush. Along with this I caused a camphor liniment to be rubbed in. The effect was not as I desired ; the disease remained in *statu quo*. After a fortnight had been wasted, the *ledum* at length came to hand. I caused a scruple of this to be infused in a chopin of boiling water, the infusion to be strained and a tablespoonful taken every two hours. In two days the affection which was most relieved the first night had completely disappeared.

CASE 2. S—— ; farm-laborer ; 50 years old, came to me six weeks ago and complained that for several years past, when he was somewhat longer on his legs than he was used to in his agricultural occupations, he was attacked in from one to two hours, suddenly with the most violent pain in the hip joint with sensation as if he had boiling water in the joint. He then was required to sit down and needed often several hours of rest before the pains remitted sufficiently to allow him to walk on. No change was perceptible at the first. Pressure was borne well when at rest, and during his usual occupation in the fields he never experienced the slightest pain. In his early years he had suffered as he alleged from itch and rheumatic pains in the joints. With the exception of the above ailment the patient was quite well. I ordered him to take that very morning six

drops of tincture of ledum (prepared with one part of plant to ten drops of rectified alcohol) in a half cup of water, just before he had to make a long excursion on foot. Three weeks after he reported himself better, able to walk four hours, without being obliged to rest. After using it three weeks, he felt no pain though he had a severe walk of five hours' duration.

Winterburn is responsible for the following :

J. W. D—— ; male; age, 33 ; married ; rheumatism one week. Drawing pain in the upper and outer portion of the right thigh when rising from sitting, none from walking ; pain as if bruised on touching the part. Rheumatism was caused by exposure to inclement weather. Bryonia did not help but led. 15 cured in two days.

In my own hands the drug has been used only in cases of rheumatism of the feet and are briefly as follows :

CASE 1. Mrs. H—— ; age, 45 ; married. Has always enjoyed good health, except for occasional attacks of indigestion with diarrhoea. The house in which she lives is large, decidedly drafty, and not well heated. The cause of her present attack was presumably slippers and cold floors. Both feet were swollen ; no redness, ankles sore and bruised and excruciating pain on walking. Led. ix was prescribed and forty-eight hours found her entirely relieved.

CASE 2. Mrs. P—— ; age, 29 ; married. In her former home suffered much from rheumatism or rheumatic gout, which is a family inheritance. Since coming to Brookline has been singularly exempt. In a former attack which was most sudden in its onset and attended with œdematous swelling of feet, apis. speedily gave relief. In the last attack there was less swelling, heels were sore, marked stiffness of feet, and marked aggravation from warmth, and led. ix cured in twenty-four hours.

CASE 3. Mr. C—— ; aged 40 ; shopkeeper ; his business compels him to be out early in the morning and he is exposed to all kinds of weather. After severe exposures and wetting, he foolishly neglected to change his clothes and in a few hours noticed pain in his feet, with difficulty in walking. On my first visit, I found him with one foot swollen, with severe pain in tarsal and ankle joints, and total inability to put his foot to the ground and sustain any weight. The small joints of the foot and the toe joints were all more or less implicated. In the second foot there was not then any apparent swelling though the member was far from comfortable. The previous night had been practically sleepless and the warmth of the bed and his restlessness only aggravated the pain. Led. ix was pre-

scribed, and his feet enveloped in wool wadding, his diet restricted to milk and soups with plenty of Geneva water to drink. In twenty-four hours life was endurable, the pain lessened, the swelling not increased, and in a week's time he was up and about the house. I advised the continuance of led. for some slight remaining stiffness and soreness.

In acute attacks of gout I have never used it, but in rheumatic gout whether of men or women, as the above cases show, it should be serviceable. Jousset, you may remember, says that china and ledum are our most important remedies in chronic gout. In the only case in which I tested its usefulness, it did seem to give the patient a longer immunity from an acute paroxysm, but I could not see that it abated one whit the severity of the subsequent attack. I should be inclined to use led. for these peculiar nodes, to which Neberden has given his name, and which are characteristic of rheumatic arthritis; and again in the monarticular form of the last mentioned disease, particularly when the hip joint is its seat and a traumatic cause can be found.

Here endeth the little tale about ledum and it is to be hoped that its recital has not left upon your mind the impression that every case of chronic rheumatism of the hip, knee, or shoulder, or of those more acute forms affecting the feet is cured by it. There are those who would have advised massage, electricity or baths for such cases, but no method could have better fulfilled the old therapeutic maxim, "*curare tuto cito et jucunde.*" It is to be deprecated that all the cases were not relieved by the same doses, but alas, the man has not yet appeared who can illuminate the question of dose. Each man must of and by himself, for the time being, answer this question. Sometime, somehow, somewhere a physician or physicians will arise, who shall for all time definitely settle this mooted question.

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SYMPTOMATIC INDICATIONS FOR BRYONIA, RHUS AND  
BELLADONNA IN RHEUMATISM.

BY J. HEBER SMITH, M.D., BOSTON.

[Read before the Massachusetts Homœopathic Medical Society.]

After many years' experience with rheumatism, the writer has a strong conviction that its symptomatic treatment by remedial similes possesses every advantage over the theoretic administration of the so-called abortive remedies in vogue, such as the salicylates, etc. The three remedies about to be considered by no means exhaust the list, although they would seem to be the most important.

*Bryonia.* The Bryony root in crude doses excites profuse serous evacuation, resembling the effects of colchicum, to which remedy it is somewhat analogous. Physicians in remote ages cured fluid exudations with bryonia, and for centuries it was recognized as a specific to promote absorption of serous effusions, before Hahnemann's admirable provings finally developed the characteristic details of its pathogenesis.

It is especially indicated when extensive exudations result from inflammatory rheumatism, and possesses special therapeutic affinity for serous membranes and muscular fibre. Its acute febrile attacks are commonly of the sthenic type at the outset, though occasionally developing adynamia, with torpidity of vital reaction. It has proved worthy of confidence as one of the best remedies for rheumatism occurring with patients habitually troubled with constipation, vomiting, catarrhal predisposition, and who have suffered exposure to undue heat; for example, cooks, firemen, stokers, dial-makers, etc.

The symptoms are generally worse in dry weather; during continued (moderate) exercise; from heat and hot applications (even from warm food) and from moving the suffering limb. Continued motion seems to increase the pain and inflammation. There is, commonly, shining, pink-red, rheumatic swelling of the large joints, with stitching pains (as in the shoulder, over the trochanter and at the knee); sense of dislocation of the shoulder joint, wrist, hip joint and ankle; tearing pains, as if luxated, in the swollen joint. All the symptoms are greatly aggravated by the least motion or touch. There is stiffness of the joints and aversion to passive or voluntary motion. The serous membrane, being principally affected, develops the stitching pains so characteristic of bryonia. There are also stitches in the small of the back, painful stiffness, as if beaten, of the back and of the neck, and drawing pains.

The fever symptoms of bryonia, accompanying the rheumatism, are as follows: Pulse full, hard, tense, and quick. At first, chilliness predominates, coldness and shivering over the whole body, with heat in the head; red, bloated face and great thirst. The chill is mostly in the evening, often only on one side (right). Chilliness worse on coming into a warm room from the cool air. There is heat, with bitter taste and violent thirst, slaked only momentarily by copious draughts of cold water,—a dry, burning heat, as if the blood were boiling in the veins. The patient smells feverish, musty, sour, especially after perspiration begins from the action of the remedy. It is generally profuse, sour or oily, and most free at night. The bryonia rheumatic patient continues to perspire a long time after the hot stage is broken (especially if there be a history of the previous

abuse of mercury). The urine is dark, frequent and scanty, only exceptionally copious.

For the very best results in acute rheumatism, bryonia should be administered in attenuations from the 6x upward. This statement is based upon a great number of test trials of dilutions, ranging from 1x to 30x, covering a period of upwards of twenty-five years.

*Rhus* has proved a truly remarkable remedy in counteracting the effects of exposure to wet and cold, especially for sufferers from checked perspiration following violent exercise. It counteracts straining of muscles, and is often indicated for laborers, as firemen, etc. Its action is not limited by pathological states, if the cause of the rheumatic attacks lie in the conditions named.

In the beginning it has chill, then heat; the thirst is not constant, the patient commonly drinks little at a time; the chill is increased by drinking; the pulse is generally accelerated, weak and soft; the urine is pale, frequent and copious.

*Rhus* predominantly affects the forearms and the back part of the thigh, following the course of the sciatic nerve. It has morning aggravations particularly of the fever and pain in the limbs. Great nightly restlessness is strikingly characteristic of this remedy, and the parts lain upon feel bruised. The patient is worse when growing cold, and better upon becoming warm. He is worse in cloudy and wet weather, when standing, sitting, lying (particularly lying on the back), when drawing up the suffering limb, from cold food and from growing cold. *Rhus* is indicated when there is a sensation of numbness in the suffering part, and has less than bryonia of over-sensitiveness to pain. Its rheumatic symptoms are aggravated when beginning to move, but improve or cease after continued motion. One striking and frequent indication for *rhus* is a diamond-shaped, bright red tip to the tongue. Paralytic symptoms of rheumatic origin frequently yield to *rhus*, but these conditions must be met with fortitude and appropriate movements and exercise on the patient's part, to second the action of the remedy. The *rhus* patient is commonly benefited by warm, dry weather and from wrapping the affected parts in warm applications, as flannel, cotton, etc. It is the best remedy for rheumatism following imprudent bathing.

*Belladonna*. The motor nerves appear to feel the influence of *Belladonna* first in poisoning cases, and most fully; the sensitive fibres later. It reduces irritability of muscles, especially of the unstriped variety (as of the intestines, bladder, uterus, etc.), and is, therefore, a most valuable remedy for rheumatic sufferings of these organs from metastasis. It has been found valuable for the initial congestions and neuroses attending rheu-

matic fever, especially when preceded by intense, constant headache, with strong pulsations of the carotids, and violent exacerbations, increased by disturbance from light, conjunctival injection and vigilance, culminating in delirium with hyperæsthesia and high temperature. The pulse is frequent, hard and sharp. The tongue is white or may be bright red. Sometimes there is cerebral vomiting. Constipation is often present, also dry burning mouth, with great thirst; red, inflammatory swelling of soft palate and pharynx; thick, white mucus collecting in mouth and throat, with continual inclination to hawk and swallow; the saliva is thickened, tenacious, white.

The pains of belladonna begin suddenly, continue violently a longer or shorter time and disappear as suddenly as they came. They are burning, oppressive, pinching, and if occurring in the trunk, oblige the patient to bend double. Frequently, with belladonna rheumatic patients there are indications of special irritability, shown by drawing, burning pain in the spine; stabbing as if with a knife from without inward, in vertebræ. It cures acute inflammatory rheumatism in the extremities, with bright redness of joints; high fever, great local heat, white tongue, cerebral excitement, muscular twitchings. The patient is sleepy, yet restless, starting from little naps with spasmodic muscular movements; frightful images on closing the eyes; cerebral plethora, preventing sleep except in the upright position. There is fever; chill alternates with heat; internal chill with external, burning heat, which is persistent and dry, principally located about the head. The face is red, the pupils dilated, the radial pulse is very small, thready and irregular, yet there is a throbbing pulse in the head. Belladonna has not the sensation of numbness in the suffering parts common to *rhus*. The very best results are obtained from this remedy, in acute cases, by dilutions from 3x to 6x, repeated in from one to three hours.

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*BRYONIA.*

BY J. J. SHAW, M.D., PLYMOUTH, MASS.

It is not my intention, in this paper, to give a full description of our old friend, *bryonia*, but only to call attention to a few points in regard to it. I have called it an old friend, and an old friend it certainly is, having been one of the leading homœopathic drugs since the days of Hahnemann, and I doubt if any drug can be named that has done more or better work than has this same old friend.

The drug which we so name is prepared from the root of the *bryonia alba* or *bryonia dioica*, and it appears to be material to the result that the root shall be green when the preparation is

made. The cucurbitaceæ, to which family or order this plant belongs, is well known to every one, the cucumber, squash, pumpkin and melon being familiar examples.

Throughout this entire family there is found an acrid substance which when concentrated is a powerful poison. It has been isolated by chemists under the name of bryonin. In most of the members of the family this poison is so dilute that it ceases to exhibit its pathogenetic effects. In a few members of the family beside the one under discussion, as colocynth and elaterium, we find the active principle in a fairly concentrated condition. As a side question it might be interesting to inquire as to whether the occasional harmful effects of cucumbers, melons, etc., is not often a really pathogenetic drug effect on especially sensitive subjects.

The essence of the fresh root, when applied to the skin, produces severe inflammation with the formation of blisters. When diluted with alcohol to the strength of the ordinary tincture it is of an intensely bitter taste and straw color. On taking it into the system, by the mouth, its first effect is undoubtedly due to its directly irritating effect on the mucous membrane of the parts with which it comes in contact. The mucosa becomes inflamed throughout its entire extent, but we at once perceive that this inflammation has an individuality, for although with arsenic there is more intense inflammation, we find the affected party desiring water in small, though often repeated quantities, while the bryonia subject takes water on the contrary in large quantities.

The quantity of bryonia which can be taken with impunity is evidently large, as we find different experimenters taking varying doses to upward of two hundred drops of tincture without dangerous effects. Another person took two hundred and fifteen drops of the expressed juice without serious results. I cannot find that fatal results have ever followed its imbibition, except with children or small animals. I find many cases of its being taken in doses of from fifteen to twenty drops of the tincture without noticeable symptoms, and we find Hahnemann at one time prescribing drop doses of the expressed juice, (equal to ten drops of the tincture), for gastralgia with waterbrash, curing cases in twenty-four hours that had previously lasted three weeks.

One of the most distinctive effects of bryonia, is its power under continued administration, to produce a pseudo-membrane in the upper bronchi and trachea, as well as in a less marked degree in the mouth and pharynx. This was accomplished by administering to several rabbits during eight months time, gradually increasing doses of from two to two hundred and fifty

drops of the tincture, thus showing incidentally the vastly increased tolerance resulting from habituation, as ordinarily twenty-five drops appears to be a fatal dose for a rabbit.

Hughes claims that he can abort croupous pneumonia with it, but he uses the first decimal dilution. From my own experience I believe it has that power, and I look upon it as equally valuable in the laryngitis of childhood, where it may be relied upon to prevent the formation of membrane. I wish I could say as much of diphtheritic laryngitis. To get the best results, I believe it must be used not higher than the first decimal.

Another pronounced effect of bryonia is its power to inflame serous membranes. This was especially shown in the autopsies of the animals poisoned by it. It is an effusive inflammation which it produces. That this is pathognomonic is proven by its usefulness in peritonitis and especially in pleurisy. And here again I believe in bryonia low.

I have never been obliged to aspirate a pleurisy patient, but in my earlier experience absorption generally went on too slowly to please me, sometimes dragging on for weeks. At this time I was using the second decimal. Being sure that my remedy was the right one, and having no faith in the higher dilutions, I dropped to the tincture, of which I put five to ten drops in a half glass of water. The effect of its administration was almost magical, and I got more reduction of the effusion in one week than I had usually obtained in four. As we have seen, bryonia can be used in comparatively large doses with impunity. One point well worth our notice is that when given in large doses, and for a long time, it has no bad effect on the heart. It has all those pains of the head, body and limbs, which characterize rheumatism, and which show its powerful effect on the muscular tissue. As we might therefore expect, we find that it proves a most efficient agent for acute rheumatism, and, especially for the rheumatoid pains of la grippe, it being quite as efficacious as the coal tar derivatives, without their dangerous effect on the heart.

Bryonia not only affects the mucous, serous and muscular tissues, but also the synovial as well, and swelling of the joints is a marked feature of its pathogenesis, giving altogether an excellent picture of acute rheumatism. These conditions are brought about for the most part by long continued and severe dosing with the drug.

To recapitulate, bryonia affects first the mucous, then the serous and muscular tissues and, finally, the synovial membranes. Its pains are aggravated by motion, by light touch and by open air, and relieved by rest, by hard pressure and by still air. Its mental mood is irritated and ill-humored. It may be

given in large doses with impunity. And if in treating a case where it is indicated, we do not get the necessary effect, we shall, as a rule, accomplish our object by administering the drug in more massive doses, in many cases even using the tincture.

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#### VERIFICATIONS.

BY W. P. DEFRIEZ, M.D., BROOKLINE, MASS.

In Section 153 of Hahnemann's Organon we find these words : "This search for a homœopathic, specific remedy, consists in the comparison of the totality of the symptoms of the natural disease with the lists of symptoms of our tested drugs, among which a morbid potency is to be found, corresponding in similitude with the disease to be cured. In making this comparison, the more prominent, uncommon and peculiar (characteristic) features of the case are especially and almost exclusively considered and noted, for these, in particular, should bear the closest similitude to the symptoms of the desired medicine, if that is to accomplish the cure. The more definite and general symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness, and also because generalities of this kind are common to every disease and to almost every drug."

These instructions, I think, should not be disregarded, and although we cannot hope to find every peculiar symptom embodied in our materia medica, yet there are so many at present that have been proved to be of value, we may often miss our mark if we do not regard them all when taking our cases. The peculiar symptom may be like the parts of a flower the designation of its name.

The following report of a few peculiar symptoms which I have made brief, are offered only as the effort of one to confirm the truth of the above-mentioned instruction, and to verify in part symptoms found in our materia medica.

*Nux Vomica*.—Intermittent fever. Four cases cured by this remedy. The peculiar symptoms are as follows: Chill irregular, but more often in the afternoon; during the heat and sweat, averse to uncovering when in bed, day or night, with chilliness from motion on allowing the air to strike him; sweat lasted all night in three cases; in the fourth, sweat occurred toward morning.

*Mercurius Viv*.—Varicose ulcer. Characteristics. Pain worse at night after getting warm in bed or lying down. Ulcer bleeds easily, edges boggy and look blue. Healed in five weeks

and without any change of occupation or "detention from business" and has remained well ever since,—now five years.

*Rhus Tox.*—Sciatica. Patient had been given rhus tox. 3, with other remedies, by a homœopathic physician, for a month, but no relief following, the patient then tried the old-school treatment, but finally came into my hands. One dose of rhus tox. 200 in water cured quickly. Symptoms on which prescription was based are as follows: Pain worse in damp weather, from stepping on hard pressure on the feet, aggravation from riding, especially from pressure caused by the legs hanging over the edge of seat, aggravated at night.

*Bovista.*—Gastralgia. Sensation as though a piece of ice lay in the stomach. This was a case of long standing, and one symptom only was used in basing a prescription, other symptoms being common to many remedies.

*Conium.*—Lumbago. Patient had endured the pain seven months; symptoms were shooting pain from back down left leg, ending in a spot that felt as though it were pricked by a bunch of hot needles. Can't turn over in bed without being dizzy. Amelioration ascending, better from exercise. Feeling of a ball pressing into back over left hip; cured in six days.

*Arsenicum.* Nose-bleed with each attack of vomiting, blood spurting from nose. Hering gives the symptom nose-bleed after a fit of passion or vomiting. Arsenicum stopped both vomiting and nose-bleed after one dose of the 200 in water.

*Ledum.*—Rheumatic gout. Right big toe sensitive to lightest pressure, even of a sheet; boring pain in first joint of toe; amelioration from cold applications. Ledum was prescribed on account of the last two symptoms, and it gave relief in two hours, removing all the above mentioned symptoms.

*Merc. Viv.*—Rheumatic gout. "Stinging pain, worse at night in the warm bed." This symptom expressed the patient's condition; no pain after four hours; no return; when the remedy was given the patient was growing worse.

*Sulphur.*—Rheumatic Iritis. Patient had been under old school treatment two weeks; oculist had told him the day I first saw him, he was not as well as the last time he saw him; had been using atropine, cocaine for pain and salicylic acid in large doses. The symptom which lead me to use this remedy was the drawing, excruciating pain coming on in early morning hours. Gave remedy in the afternoon and next morning he said he had had no pain since. Slept well, inflammation markedly lessened. Patient visited his oculist the next day and he could not understand how his patient could be so much better when he was worse the day before; uninterrupted recovery followed.

*Arsenicum*.—Hemorrhoids. Pain burning, smarting in character, sensation as if pierced by hundreds of hot needles; no pain after using remedy one day.

*Sambucus*. Intermittent, tertian variety. No chill after exhibition of this remedy; the symptoms deciding the selection were dry, racking cough before the chill, sweat breaking out on the face, standing in drops while awake, body also covered with sweat, but on going to sleep perspiration ceases.

*Merc. Viv.* Relieved promptly the following symptoms: Wakens from sleep just after midnight, gasping for breath, must sit up, can't lie down again for hours and during this time constant inclination for stool. Sleeps soundly until midnight. The above symptoms had been present every night for three weeks; other remedies were given without slightest effect until I gave *Merc. Viv.*, it is now five weeks and patient sleeps all night.

*Enpatorium Perf.*—Cough. Every winter for several years this patient had been annoyed by a dry, hacking cough, with paroxysms of coughing lasting some time, only to be relieved by getting on the hands and knees. The result of this prescription was most satisfactory.

In reporting these few cases I am not unmindful of their incompleteness, but as I said before my intention was to show how important some times these peculiar symptoms are, and as our materia medica contains a great number, it is some help if each one of us would try to confirm some of them, and at last, perhaps, some of the doubting Davids may have more faith to study our provings; too often "when the judgment's weak the prejudice is strong." To those who may think the prescriptions were based on key notes, one symptom or whatever you may term it, I would, in justice to myself, say, it was not so; but the peculiar symptom while not always characteristic may be decisive, and in these cases was given its place in the totality. Permit me once more to quote from Hahnemann's *Organon*: "Individualization in the investigation of a case of disease demands on the part of the physician principally unbiassed judgment and sound senses, attentive observation and fidelity in noting down the image of the disease."

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If a person's temperature should be found to persist above 100 degrees without any apparent cause, Prof. Keen says tuberculosis should be suspected and sought for.

DR. SUCKLING declares normal liquid cannabis Indica in one to three drop doses is almost a specific in the insanity of women due to mental worry and mental shock, also proves of incalculable value in mania and melancholia.

MORE APPROPRIATE.—"Do you know," said the man who was going to have a tooth pulled, "I don't think 'dental parlor' is a good phrase?"

"No?"

"Drawing-room would be much better. — *Washington Star*."

**EDITORIAL.**

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

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*AUTHORS AND AUTHORITIES.*

It is not always that the real difference between an author and an authority is kept clearly in mind by the makers of books. In matters scientific there is a vast difference between the two, a difference which cannot be ignored if progress in the acquisition of knowledge is to be continued. It is on account of this difference that there are books and books. Anyone may write a book, but it is not all writers of books who can be relied on as authorities in their chosen subjects. An author must appeal with convincing force to the judgment of his reader in order to inspire that respect and confidence which enables the reader to look upon the author as an authority. An author is simply one who originates an essay or a book. He may be honest, but he may not be reliable or wise. His production may present attractive and excellent literary qualities, but, if a scientific work, it can only appeal as an authority to thinking minds by presenting genuine, precise, reasonable, trustworthy, logical statements, and giving evidence of intelligent and discriminating personal research or investigation on the part of the author. It is notorious that in works devoted to homœopathic materia medica these essentials, without which no book can be accepted as an authority, are conspicuous by their absence. Instances of this are continually coming to hand. The reasons for such a state of affairs are first, the fact that nearly all the works on homœopathic materia medica are simply compilations, and from the very nature of things can contain little that is original. No definite rules for analyzing the vast accumulations of provings and poisonings which constitute homœopathic materia medica having been adopted, writers simply select for their books whatever appeals to their own judgments, throwing the remainder aside as, presumably, worthless. To mention in each instance the source of information upon which statements are based would so stamp his work as lacking in originality that the average writer would shrink from completing his task. Second, the fact that many

frankly agree with the sentiment expressed by the compiler of a well-known repertory, a book beautifully gotten up, and one that required many hours of patient work in collecting and tabulating symptoms, who says in his preface, "It has not been thought necessary to indicate by figures — as was done in the first edition — the source of the symptoms. *Every symptom, no matter how apparently trivial, and no matter whence it came, is of value,* [our italics] and every faithful disciple of Hahnemann will, at some time, be able to make use of it."

It so happens that there are many who can not agree with the opinion quoted, and who for the sake of accuracy would have the source of every symptom contained in repertories and works on materia medica indicated. In the two grand works the "Encyclopædia of Pure Materia Medica" and the "Cyclopædia of Drug Pathogenesis" this is done, and the value of these works is greatly enhanced by this fact. For an author to claim in his preface that every symptom is of value "no matter whence it came" is to seriously prejudice many minds against his book and to practically rob it of its value as an authority. The right of individual judgment is assailed by thus ignoring the necessity of stating frankly and fully the source or sources of information, especially in regard to "symptoms."

Full discussion of the merits of the various "provings" which constitute so large a share of homœopathic materia medica is not in place at the present time, but to the necessity of intelligently estimating the value of these provings, and of indicating, for the sake of those who like to form their own opinions, the source of symptoms referred to in an article or book, it is proper occasionally to direct attention.

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#### EDITORIAL NOTES AND COMMENTS.

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CONSULTING BOARD OF THE WESTBOROUGH INSANE HOSPITAL. — The trustees of the Hospital have recently established a Consulting Board of Physicians and Surgeons. It consists of ten members, two of whom are to be appointed each year for five years.

The Trustees have defined the scope of the new board as follows: "It shall be the duty of the Consulting Board to be

acquainted with the general medical and surgical treatment of the patients in the Hospital, and to present for the consideration of the Trustees or of the Superintendent any matters which may be proper subjects for professional suggestion and criticism. The Consulting Board and the individual members thereof shall be ready to assist, by counsel and service, in the examination and treatment of both medical and surgical cases in the Hospital, when called upon to do so by the Trustees or the Superintendent."

In accordance with this action of the Trustees, the first meeting was called by Dr. I. T. Talbot, at the Hospital, Feb. 22, 1895.

There were present, Dr. I. T. Talbot, Boston; Dr. Charles L. Nichols, Worcester; Dr. Conrad Wesselhœft, Boston; Dr. E. P. Colby, Wakefield; Dr. N. Emmons Paine, West Newton; Dr. John H. Payne, Boston; Dr. Horace Packard, Boston. Two members were unable to attend the meeting, Dr. D. B. Whittier, Fitchburg; Dr. H. P. Bellows, Boston; and there was one vacancy.

An organization was effected by the election of Dr. I. T. Talbot, Chairman, and Dr. N. E. Paine, Secretary.

Some of the wards were visited, but most of the time was devoted to a consideration of a possible extension of the present usefulness of the hospital; to more constant and thorough work in pathology; to an encouragement of the original work now in progress by each one of the medical staff, and to improving still further the training school for nurses.

It was also arranged that all members of the Board should visit the Hospital in turn, during the year, so that each member could keep himself acquainted constantly with the Hospital work.

It is believed that this movement is a step in the right direction. The Board may be able to make valuable suggestions to the Trustees and Superintendent concerning the treatment of patients. The members of the Board will certainly obtain an accurate knowledge of the Hospital and its work, and that is of great value; but further they may be able to keep the profession informed of the constant and faithful work of the Trustees and Superintendent in making Westborough the leading Hospital, in all respects, of all the State Hospitals in New England.

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THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY'S REPRESENTATION UPON THE STATE BOARD OF REGISTRATION IN MEDICINE. — Since the following sketches of two well-known and highly respected colleagues may contain much that is inter-

esting to its readers, the GAZETTE takes great pleasure in reproducing them. The GAZETTE also takes advantage of the opportunity to express its appreciation of the courtesy extended by its esteemed contemporary to the colleagues mentioned.

"Honoring, and honored by, the State Board of Registration in Medicine, the Massachusetts Homœopathic Medical Society is to be commended for its wise selection of representatives therefor, — Drs. D. B. Whittier and W. C. Cutler, — mere sketches of whom are here given.

Daniel Brainard Whittier, M.D., was born in Goffstown, N. H., Oct. 21, 1834; preliminarily educated at the New Hampshire Conference Seminary, Tilton; and, having studied medicine at Keene, N. H., under William B. Chamberlain, M. D., late of Worcester, Mass., and attended lectures at Harvard University Medical School, Boston, Mass., graduated from the New York Homœopathic Medical College and Hospital, New York City, in March, 1863. Immediately locating in Fitchburg, Mass., his life-work has been the service of its inhabitants, and, if public opinion be merely adumbrative of the truth, not in vain. As a senior member (by virtue of twenty-five years' continuous membership) of the American Institute of Homœopathy, President (1881) of the Massachusetts Surgical and Gynæcological Society, and President (1873-'4) of the Worcester County Homœopathic Medical Society, his professional worth has been fittingly recognized by bodies high in American medicine; and, long before its spontaneously unanimous endorsement for the State Board of Registration in Medicine, in which Boston University School of Medicine heartily concurred, he was a leader in the Massachusetts Homœopathic Medical Society, — Vice-President (1877), and President and Orator (1878), the subject of his oration being 'The Value of Objective Symptoms in the Treatment of Disease.'

His contributions to medical literature have been frequent, interesting and varied, as shown by the following incomplete list: 'Abnormal Habits in Sexual Congress a Factor in Diseases of Women'<sup>1</sup>, 'Neglect of Injuries in Growing Girls'<sup>2</sup>, 'Chronic Cellulitis'<sup>3</sup>, 'Chronic Peritonitis and Complications'<sup>4</sup>, 'Psychical Adjuvants in Neurasthenia'<sup>5</sup>, 'Magnesii Phos. and Kali Phos. in Dysmenorrhœa'<sup>6</sup>, 'Tubercular Meningitis'<sup>7</sup>, and 'Immunities in Contagion'<sup>8</sup>.

<sup>1</sup> *The Homœopathic Journal of Obstetrics, Gynæcology, and Pædology*, May, 1882.

<sup>2</sup> *Ibid.*, Nov., 1888.

<sup>3</sup> *Ibid.*, Jan., 1890.

<sup>4</sup> *Ibid.*, Jan., 1890.

<sup>5</sup> *The North American Journal of Homœopathy*, Aug., 1893.

<sup>6</sup> *Hahnemannian Monthly*, July, 1887.

<sup>7</sup> *Ibid.*

<sup>8</sup> *The New England Medical Gazette*, Dec., 1890.

A tireless student, a graceful speaker, a polished writer, a successful practitioner, Dr. Whittier is, withal, a gentleman *sans peur et sans reproche*, and, in officially conserving the medical interests of both profession and people, he acceptably fills a responsible position that gives even his diversified talents and knowledge full scope.

William Clark Cutler, M.D., was born in Holliston, Mass., May 17, 1837; preparatively educated in the schools, both common and high, of Ashland, Mass., and at Mt. Hollis Seminary, Holliston; and graduated from the Hygeio-Therapeutic College of New York, New York City, in 1859. Commencing the practice of medicine in Upton, Mass., in 1860, he there remained till 1866, when he moved to Chelsea, Mass., where he has continuously resided.

As Consulting Surgeon to the Rufus S. Frost General Hospital, Chelsea, his work has been arduous, responsible, and of the highest order; and while, so far as possible, he has given special attention to surgery and dermatology, he is said to have long enjoyed the largest general practice in Chelsea. America's oldest living propagator of vaccine virus (since the death of Henry A. Martin, M.D., Dec. 7, 1884), he has uninterruptedly pursued its practice since 1872, and written an excellent work upon this important subject, *Variola and Vaccinia*; and, with his characteristic enterprise, he was among the first in this country to obtain a supply of antitoxine, with which he *successfully treated several cases* of diphtheria. A member of the Boston Homœopathic Medical Society, the Massachusetts Homœopathic Medical Society, the American Institute of Homœopathy, and the Pan-American Medical Congress, Dr. Cutler has always cultivated the choicest professional affiliations, and constantly enjoyed the esteem of his fellows; and his services upon the State Board of Registration in Medicine, of which he was recently made a member, will, beyond question, conduce to the welfare of all." — *Editorial (by Frederick Wallace Abbott, M.D.) in The Massachusetts Medical Journal, Dec. 1894.*

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1 294 Broadway, Chelsea Station, Boston; The New England Vaccine Company.

THE ATTITUDE OF LIFE INSURANCE COMPANIES TOWARDS HOMŒOPATHIC PHYSICIANS has received the earnest consideration, during the past few years, of the American Institute of Homœopathy, and the following letter on the subject shows that it has not yet been disposed of:

"To the Homœopathic Physicians of the United States:—The Committee on Life Insurance Examiners of the United States having been in correspondence with the various old line Life

Insurance Companies, of the country during the past few years, and having received from nearly all of them positive assurances that no discrimination is made in the appointment of medical examiners on account of school of practice, but that such appointments are based exclusively upon individual merit, are now desirous of verifying these statements through the testimony of the profession. The Committee therefore request all homœopathic physicians throughout the United States who are holding appointments as medical examiners of *old line* Life Insurance Companies to at once notify the Chairman of the Committee of such fact, giving the date of appointment. Also, the Committee would be glad to hear direct from all homœopathic physicians who have *within the past three years* been refused such appointment, or who have had their examinations rejected solely on the ground of their being practitioners of homœopathy or graduates of homœopathic colleges.

This does not refer to assessment companies, but only to regular old line companies which are so recognized.

A. C. COWPERTHWAIT, E.

*Chairman Committee on Life Insurance Examiners, A. I. H.*  
745 Marshall Field Building, Chicago, Ill."

INDIAN MEDICAL CONGRESS AND HOMŒOPATHY. — *To the Editor of the NEW ENGLAND MEDICAL GAZETTE:*

*Sir:* I beg to communicate the following extract from the *Indian Mirror*, of 20th instant for the information of my respected colleagues:

"We published in our issue of Sunday, a letter from Dr. D. N. Banerjeé, homœopathic practitioner of this city, complaining of the exclusion of homœopathy and other systems of medicine from the proceedings of the recent Medical Congress. We agree in the view expressed by Dr. Banerjeé, that the name Indian Medical Congress is a perfect misnomer, as homœopathy, Kabiraje, and other systems of medicine which are largely practised in the country, were rigidly excluded from its proceedings. The last Congress was undoubtedly a one-sided affair and its continuance in future can be of little practical benefit to humanity. The holding of another Medical Congress, dealing with all systems of medicine, will not be a bad idea, and we are sure it will command more success than its rival. We endorse the suggestion made by a weekly contemporary, that the new Congress should be founded on the lines of the late Parliament of Religions at Chicago. Every system of medicine should find a place in it, and none run down on the score of its insignificance. We think such an unsectarian assembly

will bring in vast good to society, contributing in no small measure to the store of medical science. At all events, it is necessary to point out the fallacy of the recent Congress."

Yours fraternally,

21st Jan'y, '95.

D. N. BANERJEE.

## SOCIETIES.

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### *BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

#### SPECIAL MEETING.

A special meeting of the Boston Homœopathic Medical Society was held at College Building, East Concord street, on Thursday evening, Jan. 17, 1895, at 7.45 o'clock, with H. C. Clapp, president, in the chair.

The reading of the records of the last meeting was omitted. The name of P. P. Field, M.D., of Boston, was proposed for membership. The committee appointed at the last meeting to confer with the Governor, etc., presented their report, and read in full the correspondence which had taken place. A committee, consisting of Drs. F. P. Batchelder, J. Heber Smith and H. B. Cross was appointed to formulate and present resolutions on the death of Dr. Liberty D. Packard.

#### SCIENTIFIC SESSION.

John P. Sutherland, M.D., John A. Rockwell, M.D., Committee of Arrangements.

1. "Morphology and Embryology of Blood," John P. Sutherland, M.D.
2. "Physiology of Blood," John A. Rockwell, M.D.
3. "Microscopical Technique of Blood Examination with Demonstrations," Frederick F. Strong.

Owing to illness, Dr. W. T. Talbot was unable to be present and speak upon "Blood as an Element in Diagnosis."

The meeting was one of great interest, and the able papers commanded the close attention of all present.

Dr. E. P. Colby offered the following resolution which was unanimously adopted.

Inasmuch as the papers presented represent a vast amount of time and research, that the Society extend to those who have presented papers a most cordial vote of thanks, especially to Mr. F. F. Strong, as he stands in a somewhat different relation from the others, not yet being a member of the medical profession.

J. EMMONS BRIGGS, *Sec'y.*

## BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

## REGULAR MEETING.

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, Feb. 7, at 7.45.

Dr. W. J. Winn was chosen to serve as president *pro tem.* until the arrival of Dr. H. C. Clapp. The reading of the records of the last meeting was dispensed with.

Dr. Ellen A. K. Hutchinson, of Newburyport, was proposed for membership.

The following physicians were elected to membership : Alice E. Rowe and Fred W. Payne, of Boston ; George A. Tower, of Watertown ; Byron L. Dwinnell, of Taunton, and George W. Crane, of Foxboro. The name of C. C. Ellis, M.D., being still in the hands of the censors, could not be voted upon at this meeting.

The committee on resolutions appointed at the last meeting presented the following :

In the sudden death of Dr. Liberty D. Packard on Jan. 5th, 1895, the Boston Homœopathic Medical Society meets with the loss of a beloved and valued colleague, esteemed for his many excellent qualities as an associate, and prized by the entire profession for his eminent and exemplary life as a physician and citizen. His death has left a vacant chair that can never be filled, and those of us who have known him most intimately for more than a quarter of a century of genial and inspiring intercourse mourn his loss as almost a personal affliction.

We desire hereby to engross upon the records of this Society this slight tribute of respect to his memory, and request the Secretary to tender a copy of these resolutions to his afflicted family.

F. P. BATCHELDER,  
J. HEBER SMITH,  
H. B. CROSS.

*Committee.*

The report of the committee was accepted, and the resolutions unanimously adopted.

## SCIENTIFIC SESSION.

Dr. Horace Packard presented the following pathological specimens :

## I. "Prolapsed Rectum."

This specimen was removed from a young woman when the prolapsus had existed for many years, but without great suffering and with very little fecal incontinence. The protrusion

was at least six inches in length, this being a double fold of intestine twelve inches in total length. After anæsthesia was induced a decided thickening of the circular muscle fibres was found at a point somewhat high up, corresponding to a third sphincter which grasped the finger on its introduction much like a normal sphincter. This no doubt prevented incontinence which otherwise would have been inevitable. The prolapsed tissue was removed by cutting away, sutures being introduced before tissue was incised. The patient made an excellent recovery, and the sphincters regained much of their normal tone, so that very little incontinence existed.

2. "Intussusception of Intestines."

The patient, a woman of advanced years, had had entire occlusion of the intestines for a number of days, and entered the hospital *in extremis*. Laparotomy was suggested and accepted. On opening the abdomen a thickened condition of the intestine indicated the location of the lesion. After careful investigation an invagination of the small intestine was found into the cæcum and ascending colon which was irreducible. A gangrenous process had already commenced. Anastomosis of the small intestine with the ascending colon was made by the use of the Murphy button. The patient survived two days, never having passed fæcal matter.

An examination made immediately after death revealed the condition as follows: No trace of peritonitis; perfectly tight union of the approximated intestinal loops. In the opening of the button was found impacted fæcal matter.

Dr. Packard felt that the Murphy button was no better than the common method of approximation of intestinal loops with silk sutures.

3. "Appendix Vermiformis with Calculus."

This case illustrates the futile hope of waiting for spontaneous recovery when there is well marked abscess formation. The patient, a boy of six, was brought to the hospital, where operation was performed as a last resort.

Primary rupture of the appendix had occurred early, with good protection by agglutination of intestinal loops in that vicinity. This localized abscess existed for nearly a week when rupture occurred with infection of general peritoneal cavity and suppurative peritonitis, which was found to exist at time of operation, and soon ended the course of the case.

SECTION OF MENTAL AND NERVOUS DISEASES.

N. Emmons Paine, M.D., Chairman; Edward P. Colby, M.D., Secretary; Martha E. Mann, M.D., Treasurer.

The nominating committee reported the following list of offi-

cers for the ensuing year, which were elected : F. C. Richardson, M.D., Chairman ; Lucy C. Hill, M.D., Secretary ; A. Don Hines, M.D., Treasurer.

Dr. Paine reviewed briefly the work of the section during the past year and spoke of the precedent established in visiting the different hospitals. He strongly commended this means of keeping abreast of the times.

1. "Clinical Case — Progressive Muscular Atrophy," James R. Cocke, M.D.
2. "Hysteria in the Male," George S. Adams, M.D.
3. "Nervous Derangement from Pelvic Causes." Leslie A. Phillips, M.D.
4. "Three Clinical Cases," Lucy C. Hill, M.D.

#### DISCUSSION

opened by Edward P. Colby, M.D. He considers the society under obligation to Dr. Cocke for presenting this rare case. It is typical of some particular features of this vexing disease, the pathology of which is at the present time being developed. Theories which were formerly held are now being overthrown by their authors. This case is typical of amyotrophic muscular atrophy, with degeneration of the lateral pyramidal tracts and confined to them. There is a question whether atrophy of the cells in the anterior grey horns is secondary to changes in the pyramidal tracts or whether it occurs in the columns and horns simultaneously. The American authors believe in the amyotrophic form. Metschnikoff thinks it due to white corpuscles attacking and digesting the weakened cells. In a case of Dr. Colby's the atrophy began in the arm and jumped to the face, affecting the voice, then left the arms. Later the disease attacked the bulb, and the woman died.

Regarding Dr. Phillips' paper he said, "Oftentimes in our enthusiasm we are led to forget other features save the special theory in view. Thinks that the nervous symptoms often precede the local pathology, and cited the views held by his preceptor. When consulted regarding patients with neurotic symptoms, he would ask, "Have you examined the pelvic organs?"

"Yes, found nothing." "Well, it is too early, it will come." If we forget the sequence we shall be anchoring the ship at the wrong end.

Dr. Horace Packard, in referring to Dr. Phillips' paper, said, "It is said that there exists in the far East a sect of philosophers who seek to solve the problem of the universe by patient and persistent contemplation of their own navels.

At the present day we have a parallel in the self styled 'official philosophers,' who delude themselves with the belief that

all mortal ills are to be cured by equally patient contemplation of the fundament of the human body. The extravagant claims of the devotees of this faith are quite enough to extinguish it. As I understand it the practice consists largely of excising an inch of the rectal mucous membrane just within the anus, and I am positive this is being done over and over again without the slightest apology for a pathological condition to justify it. To this is added some tinkering about the clitoris, and the well established operations of curetting, trachelorrhaphy, hysterectomy, etc., are appropriated as a part of this cult, and the whole embraced under such high sounding terms as 'orificial philosophy,' 'orificial surgery,' 'pelvic surgery,' etc. Were we so gullible as to accept this doctrine, we should be led to believe that all the ills which human nature is heir to, are the result of pelvic pathology, and we have only to resort to pelvic surgery to cure them.

We are told that pelvic surgery reaches out to almost all forms of organic disease, and even profoundly influences the spiritual condition, and makes the lame to walk and the blind to see. Here is a list of cases reported by the high priest and prophet, which have been favored with 'orificial philosophy and pelvic surgery.' 5 cases of blindness; 43 cases of cancer in distant parts of the body; 2 cases of caries of the femur; 5 cases of hip diseases; 46 cases of locomotor ataxia.

Such a list as this, treated by such means, must make us suspicious of the sanity or honesty of the individual advising and carrying out such treatment. It is perhaps the kindest conclusion to believe it a species of mania, which will have its brief day and become quietly interred with other equally absurd procedures which have received brief credence."

Dr. J. Heber Smith cited the case of a gentleman who complained of a numbness which followed up the spine to the occiput, a sensation as though he must hurry forward or he would fall. He suffered from attacks of tachycardia. Had received from old school physicians bromides without relief. Physical examination of the heart revealed no pathological lesion. By abdominal palpation the ascending colon was found distended by gas. Following up the colon an area of dulness was discovered, and the spleen was its source. Arg. nit. 6x was prescribed. The symptoms disappeared and the tumor rapidly decreased in size. This illustrates the power of a remedy. Prescribing as Dr. Hill did in her cases demonstrates this fact.

Another case of a gentleman who had used tobacco eight years, tachycardia; sensation as if roof were falling; very nervous; was cured by ignatia.

*Ignatia*, with occasionally *arsenicum*, is a great neurotic rem-

edy. The former cannot be over-estimated in tobacco cases.

Dr. Cocke referred to the case of a lady, said to have consumption, who was treated by a Christian Scientist and cured. Albumen and casts are often found in cases indicating only functional disease. Disease is self-limiting and we all know it.

Dr. Phillips wished to endorse most that had been said. Thinks there are many cases of pelvic disease due to reversal of nervous tendencies. Does not claim that all nervous diseases are due to pelvic conditions. Believes in operation only for pathological conditions of pelvic structures. Regarding the case of Bright's disease, which he reported as cured by orificial surgery, the diagnosis was made by allopaths. The uterus was found congested, endometritis, evidenced by mucous discharge. Hemorrhoids and papillæ were present. He feels that incipient morbus Brightii can be cut short by orificial surgery, at least it would seem so.

Dr. Packard. It means much to cure Bright's disease and nothing to cure transitory albuminuria.

J. EMMONS BRIGGS, *Sec'y.*

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## PERSONAL AND NEWS ITEMS.

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DR. S. E. SWIFT, of Colchester, Connecticut, died, Feb. 2d.

ROLAND A. DAVIS, M.D., class of '93, B. U. S. M., has removed from 294 Columbus Ave., Boston, to corner Cross and Pearl Streets, East Somerville.

A HOMŒOPATHIC physician is wanted in a town of four thousand inhabitants in south-eastern Massachusetts. Address "J. A. S.," care Otis Clapp & Son, 10 Park Square, Boston.

One is also wanted in the town of Henniker, New Hampshire. Any homœopathic physician desiring to locate there will please address "H. E. M.," care Otis Clapp & Son.

At the forty-fourth annual meeting of the Homœopathic Medical Society of the State of New York, held in Albany, Feb. 12th and 13th, it was

*Resolved*, This Society is in full accord with the statement that the prevention of disease is preferable to its cure and, believing that the adoption of sanitary methods tends to the prolongation of life and the prevention of disease, disires emphatically to place itself on record as being in perfect sympathy with the movement, now becoming widely spread, to dispense with the usual method of distributing the Communion wine, and urges the speedy adoption of the Individual Cup System, thereby avoiding the possibility of contracting many forms of infectious disease.

JOHN L. MOFFAT, M.D., *Secretary.*

THE NEWTON SANATORIUM is now made known, for the first time, to the profession. Patients were received and its work began in 1894. It has been already so successful and there appears to be so much need of a sanatorium that is reliable and where homœopathic treatment is given, that this public announcement is now made.

It is entirely distinct from the Newton Nervine, although both are owned and conducted by Dr. N. Emmons Paine. The Sanatorium is composed of cottages in

various parts of Newton. They receive from one to four patients each, which insures the privacy so much needed. They are homelike and never suggestive of a hospital or institution. The patients, however, receive every care and attention from skilled nurses, and are given massage, baths, etc., as is necessary.

The class of patients received are those who ordinarily go to a sanatorium, and not simply those with nervous disorders.

A very important matter to most persons is the cost, and that has been reduced to a minimum. At the Sanatorium patients receive board, washing, nursing and ordinary medical care for fifteen dollars a week and upward, according to what is desired in each case.

**CONSERVATISM IN SURGERY.**—The article under this title in the February GAZETTE was so obviously written for the purpose of attacking the principles and practice of orificial surgery, and is so unfair in its statements, that a brief response seems demanded in simple justice and fair play. Open, free, manly discussion of this subject is not objected to, and is even courted, and only because of the unfairness of said statements, do we ask the privilege of a reply.

"Conservatism in Surgery" should apply to that attitude in the surgeon which carefully investigates, considers and compares with others, the merits of any method or measure which may serve to decrease human suffering, prolong life or promote health and happiness, before accepting or rejecting it.

To seize and apply a measure recklessly, indiscriminately, and without knowledge, is not consistent with true conservatism, and no more is the ignorant rejection and condemnation of the method, without investigation or trial.

It seems a pity that "Conservatism in Surgery" should be applied as in the February GAZETTE, to that condition of mind which stubbornly shuts its eyes to all light and truth which does not come from the particular source or by the precise channel accepted and approved by the self-constituted dictators of what is worthy of consideration.

This kind of "conservatism" was for a long time condemning most bitterly the surgeons who practised ovariectomy, and now, although the orificial philosophy has for ten years or more, illuminated many an otherwise obscure and inexplicable maze of human suffering, for those who, having eyes and ears for the truth, have investigated, tested and applied it,—now the representative of this sort of "conservatism," realizing its forceful presence, pronounces it a "fad," "absurd," "an abuse," and with characteristic fairness, describes the result of an unsuccessful case, as what the American operation is intended to accomplish.

I once witnessed a vaginal hysterectomy, in which after opening the vault of the vagina, the broad ligament on either side, including both blood vessels and "sensitive nerve terminals," was crushed between the iron jaws of a clamp, and then tied off in sections, after the German method; the uterus cut away, the opening into the peritoneal cavity left unclosed and the bruised tissues left to slough off. Within six hours the patient had died from shock.

To say that this is what vaginal hysterectomy means, and what it is to accomplish, would be exactly parallel with the statement regarding the American operation, hence we quote: "Do not be hasty in accepting the glowing testimonials relating to this procedure; remember that the same good to your patient can be obtained through less heroic measures."

In regard to the charge that the orificial philosophy is "absurd," let me ask the reader to decide for himself which is likely to be most absurd, that which after thorough investigation and practical application is enthusiastically endorsed by such men as O. S. Runnels, T. Griswold-Comstock, L. C. Grosvenor, W. H. Burt, T. L. Macdonald, W. E. Green, A. Leight Monroe, James Ward, G. E. E. Sparhawk, L. L. Danforth and hundreds more, many of whom have a national reputation, both as physicians and surgeons, and as men of sound judgment and marked ability, or the presumptuous denunciation and supercilious sneers of those who have neither studied the principles, applied them in practice or seen their results. Which is absurd?

Just one word as to the "whispered confidence." It is said, "It takes a thief to catch a thief," and the physician or surgeon who will charge or imply that reputable members of the profession are governed by dishonest and dishonorable motives, may justly be suspected of impugning to others the motives by which he himself has been moved.

LESLIE A. PHILLIPS.

# THE NEW-ENGLAND MEDICAL GAZETTE.

No. 4.

APRIL, 1895.

VOL. XXX.

## COMMUNICATIONS.

### REPORT OF A CASE OF POISONING BY DATURA TATULA, WITH A CRITICAL ANALYSIS OF STRAMONIUM.

BY J. EMMONS BRIGGS, M.D., BOSTON, MASS.

[*Read before the Boston Homœopathic Medical Society.*]

Datura known also as thorn-apple, Jamestown-weed, jimson-weed, and stink-weed, is a member of the night-shade family. Gray's Botany describes two varieties, the datura stramonium, which has orate leaves, stem green, corolla white, and is the common variety from which the tincture of stramonium is made, and the other, the datura tatula, which differs from the stramonium in that the stem and corolla are tinged with purple. It is an annual, growing as a rank weed, with large flowers three inches in length, indigenous to Asia and tropical America. "Calyx prismatic, five-toothed, separating transversely above the base in fruit, the upper part falling away. Corolla, funnel formed with a large and spreading five to ten toothed plaited border. Stigma two-lipped. Pod globular, prickly, four-valved, two-celled, with two thick placentæ projected from the axis into the middle of the cells, and connected with the walls by an imperfect false partition, so that the pod is four-celled except near the top, the placentæ seemingly borne on the middle of the alternate partitions; seeds rather large, flat. It is a rank weed, narcotic, poisonous, with a rank odor, bearing orate angular-toothed leaves, and large, showy flowers on short peduncles in the forks of the branching stem."

CASE. James M., aged four years, residing in Boston, was taken suddenly ill at 11 A.M., Sept. 27, 1894. I was hastily summoned at 3.30 o'clock to attend a case of "convulsions." Arriving at the house ten minutes later I found Master M. lying upon the bed in a state of wild delirium, requiring the constant, combined effort of two people to hold him in bed. The patient presented the following symptoms; face exceedingly flushed, the expression becoming in rapid alternation

pleasant and anxious ; pupils very widely dilated, the iris scarcely visible, giving the eye a very brilliant appearance ; marked convergent strabismus, with a tendency to roll the eyes upward ; skin hot and dry, resembling scarlatina eruption ; abdomen tense. The most alarming symptom was the rapidly recurring convulsions, with twitching of the arms and lower extremities. Thirty or forty of these spasms occurred in rapid succession, followed by a moment during which the countenance brightened and seemed at rest, only to be followed in an instant by a series of clonic contractions. The most prominent symptom was the grasping after imaginary objects before the eyes. The expression of the face frequently became anxious at these times, as though the little patient were trying to ward off the attack of some imaginary foe. At times the mind was very active and the patient talked rapidly and incoherently. Between the spasms laughter and crying frequently occurred.

Thinking over my *materia medica* rather hurriedly it seemed to me that belladonna covered the totality of symptoms, and as the condition was very aggravated, and having a predilection for the lower potencies, I gave Bell. 1x t.t., the dose to be repeated every fifteen minutes.

I gained the following information from the child's mother. He had been out to play during the morning with several children slightly older than himself, and returned at about eleven o'clock, at which time he seemed considerably dazed and vomited. He then threw himself upon the sofa and "slept" very soundly until after three o'clock. Upon awakening from this deep sleep the symptoms before described supervened. The history of vomiting and stupor gave me the first clue to the possibility of poisoning. I questioned the mother very closely but could gain no information. I next questioned one of the most intelligent of his playmates and elicited from her the fact that during the morning the child had been playing with "a funny green ball." I asked her if she could get one for me, whereupon she said she would go right down stairs and get the very ball with which Jimmie was playing. She brought me a thorn-apple with a short stem, the ends of which had evidently been macerated in the child's mouth. I next made inquiry of the mother as to the nature of the material vomited, but could gain little from her except that it was what he had eaten for breakfast, and that she had wiped it up and thrown it away. I found one towel which she had used for this purpose and discovered a piece of the stem of *datura* and a single seed, thus establishing without a particle of doubt the true nature of the poisoning. This having been determined I administered, at the next visit a few hours later, bromide of potash in five grain doses.

It was with great difficulty that the child was made to swallow. It seemed as though the mouth and pharynx were too parched to admit of deglutition. At 6 P.M. delirium continued, condition practically unchanged; pupils dilated, do not respond to light; is even more active in his efforts to grasp imaginary objects; the convulsions are perhaps followed by trifle longer intervals of rest: pulse, 126, hard and incompressible; bromide of potash continued. 8 P.M., about the same as regards convulsions, yet seems considerably brighter in the intervals; speaks a few words coherently; exceedingly restless, tossing about greatly in bed; face very red; pupils respond slightly to light; has passed no urine since before noon; temperature sub-normal in the axilla; pulse, 128.

8 A.M., Sept. 28. Child very much improved and sleeping naturally when I arrived. The mother informed me that the delirium continued, lessened in severity until 4 A.M., when after a copious, involuntary evacuation of the bladder the child fell asleep. This morning the pupils, although considerably dilated respond quickly to light; face is less congested; his movements are very rapid; his nervous system evidently in a high state of tension; speaks coherently, rapidly, and with great animation; has tried to get out of bed, but seems to lack physical strength. 12 o'clock. Generally condition much improved; has toys in bed, and enjoys his play; has taken a little milk and seems hungry. He desired to get up and play with the children. I encouraged him to walk a few steps and holding him by the hand led him across the floor. His legs seemed incapable of supporting him, and he reeled and staggered as one intoxicated. In a walk of about twenty feet, he fell to the floor four times.

Sept. 29th. Child seems well, but the mother considers him more nervous than usual.

I am indebted to Dr. F. B. Batchelder for consultation and advice in this case.

The following critical analysis of stramonium is based upon ten provings and twenty-nine poisonings as recorded in the "Cyclopædia of Drug Pathogenesis," Vol. IV., p. 136 to 169 inclusive, and one case of poisoning reported by myself in this article. Five of the provings were from the tincture, in doses varying from five to two hundred drops. One from the extract, five to six grains. Two from the powdered leaves, three grains to two drams. One from the 1x dilution, ten drops. One from the 3x dilution, twelve drops.

The poisonings comprised thirty cases. The quantity of the drug taken varied from a comparatively small amount, two or three seeds of the datura stramonium when only a few reliable

symptoms were recorded, to fatal poisonings where a large yet unknown amount of the drug was taken.

One fatal case recorded, No. 1., was a child two and one-half years old having swallowed 100 seeds.

CASE 4, was fatally poisoned by eating an unknown quantity of the plant and seeds for suicidal purposes.

CASE 11. Aged two and one-half years, died from eating an unripe thorn-apple.

CASE 12a. Died from the effects of drinking an unknown amount of the infusion.

*Mind symptoms* are reported in thirty-nine of the forty cases. Of these sixteen presented a fanciful delirium or active imagination; fourteen had a delirium ranging from mild to a furious mania; eight were confused; seven insensible; five in a comatose state, and four irritable.

*Head symptoms* were observed in eight of the ten provers. These reported headache, from a dull ache to darting, stabbing pains. Vertigo in only two. From the poisonings vertigo was recorded from five cases, and pain in the head from three.

*Eye symptoms.* Of the ten provers, nine presented symptoms, six reporting indistinct vision and three dilatation of pupils. Marked eye symptoms were noted in all but two poisonings. In twenty-three cases the pupils were reported widely dilated. In a few others, "eyes fixed and open, yet could not see," which signifies the same condition.

*Ear symptoms* are given from only three of the forty cases, two reporting impaired hearing and one prover, tearing pains in right ear with ringing.

*Nose symptoms* were observed by four provers, three noting dryness with frequent sneezing and nostrils stuffed, and one recording increased discharge. No symptoms occurred among the poisonings.

*Face symptoms* are given in twenty-nine cases, twelve having a flushed face; seven a swollen face and seven an unnatural expression.

*Mouth symptoms* were noted in thirty-six cases, of which dryness of tongue and mouth predominate, being reported in nineteen cases. Difficulty of speech occurred six times, with shrieking, moaning and incoherent speech five times.

*Throat symptoms* were chronicled in twenty-two cases. Among these dryness was observed twelve times; difficult swallowing ten times, and sore throat four times.

*Appetite symptoms* occurred only three times, all differing. Consequently the drug may be considered as having no effect on the appetite.

*Stomach symptoms* were produced in twenty cases. Nausea

fourteen times; thirst ten; pain four times and eructations and faintness twice each.

*Abdominal symptoms* occurred twelve times. Pain of a gripping, colicky nature seven times. Distention noted four times.

*Rectum and Anus.* Three symptoms of an unreliable character appeared among the provers, but none whatever among the poisonings.

*Stool.* Nine cases were recorded as having symptoms; six having diarrhœa, but as cathartics were administered in nearly every case not much dependence can be placed upon it as a symptom of the drug.

*Urinary Organs* were affected in eleven cases. The only reliable symptom seems to be incontinence of the urine, which occurred in five cases. Retention occurring in three cases, also difficult micturition three times.

*Respiratory Organs.* Symptoms were produced in fifteen cases; dyspnœa occurred five times; rapid or hurried respiration five times; stertorous four times and cough three times.

*Sexual Organs* were not affected in any case.

*Chest symptoms* were few, and more reliable.

*Heart and Pulse* were affected in twenty-nine cases. The action was accelerated in twenty-four cases, (200 beats per minute being the highest.) The pulse was weak in fourteen cases and intermittent in four.

*Neck and Back symptoms* were reported in three cases. Uniformly rigidity of the muscles.

*Extremities in general* were affected in twenty-one cases. Convulsive twitchings being reported in seventeen cases and coldness in four.

*Superior Extremities.* Symptoms occurred twenty times. Convulsive movements with grasping after imaginary objects in the air, being observed eighteen times, and pain three times.

*Inferior Extremities.* Symptoms were noted here twenty times. Inability to stand, with staggering as if intoxicated occurring sixteen times; cold feet three times and pain three times.

Under *generalities* eleven symptoms were recorded, four giving weakness and three restlessness.

*Skin symptoms* were reported in twenty-one cases, redness appearing ten times; hot skin eight times; perspiration seven times; cold skin six times and itching five times.

*Sleep and Dreams.* Eleven cases were observed to present symptoms; five were sleepy; five restless and three not sleepy.

*Chills and Fever.* Nine cases were recorded as giving symptoms, six being feverish and three cold.

## SUMMARY.

From the preceding analysis we are safe in concluding that the administration of stramonium would be followed by a condition approaching irritability, fanciful or furious delirium, with shrieking, moaning and incoherent speech, stupor, headache, vertigo, dilatation of pupils, dryness of nasal passages, mouth, tongue, and throat, difficult swallowing, flushed face, nausea, thirst, incontinence of urine, (possibly retention,) dyspnœa, quickened and weakened action of the heart, rapid pulse, rigidity of muscles, convulsive twitching of extremities, convulsive movement of the hands, with grasping after imaginary objects in the air, staggering as if intoxicated, with possible inability to stand, weakness and restlessness, red, hot or cold skin, perspiration, itching, drowsiness, fever or chilliness.

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A NEW METHOD OF PLUGGING THE NOSTRILS.

BY D. G. WOODVINE, M.D.

[Read before the Massachusetts Homœopathic Medical Society, October, 1894.]

There are a variety of conditions which call for plugging the nostrils. Our purpose in this short paper is to confine ourselves to the consideration of plugging the nose for hemorrhage or epistaxis. The earlier methods of pressure to the nose and the application of ice to the angle of the lower jaw were methods so uncertain in character as to give to the practitioner a feeling of great uncertainty in regard to a return of the difficulty. The use of the Belocq's canula was a kind of *dernier ressort*, used when all other known methods had failed. We understand that the instrument itself is somewhat complicated and the *modus operandi* of applying requiring a good deal of skill and nerve. In other words it is a somewhat difficult operation.

The writer has been led to adopt an entirely new method for the several years past in plugging the nostrils for hemorrhage from whatever cause. The feasibility of the plan occurred to the author, when using the probe, protected at the point by means of soft absorbent cotton, as a means for examination of the nostrils in making a diagnosis; and in the treatment of certain forms of catarrh where it seemed necessary to apply medicated cotton in loose form in the nostrils for the time; also in the failure to give proper support to the septum in cases of operation for deviation of the septum by the hard rubber plugs.

The operation and method of procedure for hemorrhage, either spontaneous, from accident or an operation, consists in having a steel probe untempered so that its form may be slightly changed if necessary. The probe is six and a half inches long

and three-sixteenths of an inch in diameter at the large end, two inches and a half of which is used for a handle. From this point it is turned with a graduated taper for an inch and three-quarters. The remaining portion is straight and about one-sixteenth of an inch in diameter and two and one-half inches long. This latter is slightly roughened or bearded. The end of the probe for about two inches more or less according to the size of the patient's nose is covered with dry absorbent cotton. The cotton pledget should be prepared with a view to rolling on the probe. This can be accomplished by preparing the cotton a proper width to suit the case and the proper thickness to be easily adjusted. The ends of the cotton fibres should be very slightly moistened so that on turning the probe in contact with them they will wind around the probe. When this is once started there is nothing to hinder adding a sufficiency of cotton to fill the cavity of the nostril. Usually one plug, of the proper dimensions to fill firmly the lower meatus, will accomplish the desired effect. But if the hemorrhage should continue, a second plug may be applied to the middle meatus and also one to the upper. In fact by this very simple process the nostril may be packed solid. The tyro in this process of plugging will find it a little inconvenient to make the proper sized plug to suit the size of the nostril. This can only be learned by practice, which is not difficult.

When a sufficient amount of the cotton has been rolled on the probe in an even and firm manner by turning the probe to the right, it should be carried into the nostril by a twisting movement to the right, and when it is placed in proper position the instrument may be allowed to remain in place to see if the hemorrhage has stopped; if so there should be a few reverse turns of the probe made which will relieve the cotton from the probe in the centre of the plug and thus the plug will remain in place.

In case of severe hemorrhage following an operation for deviation of the septum this method has proved more satisfactory than any other. The plug should be wound very firm and made to fit very firmly into the nose so that there will not only be no hemorrhage, but that there will be no opportunity for a displacement of the septum. I should have stated that before introducing the plug any styptic may be applied to the plug which the surgeon may deem necessary. These plugs should be removed every second or third day and replaced by new ones if necessary. The plugs are readily removed by means of the nasal forceps. The writer has applied the plug thus described many times in the past few years, and during the last year to two serious cases of epistaxis in which the hemorrhage was successfully stanchd in five or ten minutes.

*A FEW CASES FROM PRACTICE.*

BY ADALINE B. CHURCH, M.D.

*[Read before the Massachusetts Homœopathic Medical Society.]*

CASE I is one of ventral hernia following pregnancy. It was especially interesting from the fact that it was an aggravated case, and that so little has been written upon this subject. I searched in vain the works upon obstetrics, gynæcology, surgery, and clinical records. In the majority the condition was not mentioned, and in a few the affection was simply named. Tarnier in his "Treatise of Midwifery" speaks of it as the "so-called eventration" and passes quickly over it, suggesting a bandage. And yet these cases are the result of labor and are caused by a separation of the recti muscles and a distention of the linea alba (a drawing out and weakening of the aponeuroses of the abdominal muscles.)

Since surgery has made such gigantic strides, and laparotomies are not only a thing of every day, but several times a day, we find frequent mention of ventral hernia following this operation, but as a rule inferior in importance and extent to that above mentioned.

These cases present themselves with enlarged abdomens, having every appearance of pregnancy or a tumor, destroying the symmetry of the figure, and giving them a most ungainly form. The health is also affected, the action of the abdominal muscles impaired, and a feeling of weakness in the abdomen, flatulence and constipation are complaints often heard.

In the dorsal position, percussion gives resonant sounds and the wavy outline of the intestines is easily recognized by the eye and touch. The extent of the separation is best seen when the patient is in the act of rising from the dorsal to the sitting position, causing a contraction of the recti muscles, showing the exact length and width of the separation. The protruding intestines often are covered only by the distended skin, and the fibres of the aponeuroses of the abdominal muscles much strained and weakened — the whole not exceeding one-half inch in thickness. These patients go from one physician to another who prescribe for the symptoms without examining the local condition.

The patient, Mrs. C., is a blonde, forty-six years of age, who has given birth to four children, the labors having been normal. The menstruation was imperfectly performed, and the early life one of suffering from dysmenorrhœa, amenorrhœa, menorrhagia, and her married life has been one of frequent ills.

After the birth of the first child, the hernia appeared and she

supposed it one of the cases where a woman remained large after pregnancy. For twenty years she has been under the care of several physicians only two of whom have noticed the hernia. The hernial opening is about fifteen inches long, extending from the ensiform cartilage nearly to the symphysis pubis. Its width at the umbilicus is 8 1-4 in.; near the ensiform cartilage 5 3-4 in., and above pubes 5 1-2 in. When standing the abdomen is large enough for pregnancy at term.

The treatment has been massage and an abdominal bandage, with an improvement in the general tone of the walls of abdomen, but there has not been any diminution in size of hernia. A surgeon has been consulted who discouraged operation. Yesterday Dr. Horace Packard examined the woman, and said it was the worst case that he had seen, and operation would not be advisable. It is to be regretted that more has not been written upon this subject.

CASE 2 is one of the anomalies of menstruation. Mrs. F., thirty-four years of age, medium height, blonde, with the appearance of health, has never menstruated. She was married at the age of eighteen years. Blood appeared from the rectum, preceded by a pain in the hypogastric region, with a desire for stool, when blood would pour from the rectum, first bright red, later becoming darker in color. This occurred three or four times daily and lasted four or five days. About once a year this appeared till the death of her husband, five years later, when for six years there was no recurrence of blood. In the spring following, the blood returned, and also one year later to a day. Last spring the blood appeared every month for three months, then there was a daily appearance of blood for six weeks when the patient sought medical aid.

Examination showed a small uterus (cav. 2 in.) and what seemed to be ovaries and Fallopian tubes. She was not examined under ether. The rectum was congested, the mucous membrane being a bright red, and there were hemorrhoids, both external and internal.

July 5th, she entered the hospital and the hemorrhoids were removed. Since the operation she has felt perfectly well, and there has been no recurrence of blood from the rectum.

Now this might have been considered as a case of vicarious menstruation, but what Dr. Clapp has said, when hæmoptysis occurs with suppression of menses, "that it would be better to examine the lungs for incipient tuberculosis before prescribing for vicarious menstruation," may be applicable to this case, since the rectum was found in an unhealthy condition.

It is impossible to say why the patient never menstruated. Is it because the uterus is undeveloped? I report it as an

obscure case. As the patient is in good health and is thirty-six years of age, it would not be advisable to make any effort to bring on menstruation, and it remains to be seen if any more blood will appear from the rectum.

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*A CASE OF HYSTERIA IN THE MALE.*

BY GEORGE S. ADAMS, M.D., WESTBOROUGH, MASS.

[*Read before the Boston Homœopathic Medical Society.*]

Hysteria in the male is not now regarded as uncommon, indeed the French neurologists assert that it is as common among men as among women, but in the following case the symptoms are well-marked, and it is reported with the belief that the history will be of interest to all.

Mr. Frank R——, was admitted to the Westborough Insane Hospital in September, 1894. His age was thirty years, he weighed 150 pounds; he was well nourished and had the appearance of being in good health. He was suffering from periodical attacks of pain resembling colic, during which he was depressed. The pains were so excruciating that he frequently threatened suicide and homicide. These attacks came on about three o'clock in the morning and would last until seven or eight, then entirely disappear, and he would be all right until next morning. This would continue for two weeks when the severity of the pain would lessen for some days, and finally he would be free from pain of any sort for a week, to be again suddenly seized. As he had been suffering for many months in this way, the patience of his relatives and friends became exhausted and he was sent to the hospital as a suitable case for our care and treatment.

The young man gave a history dating back for some five years, when he was one day taken with nausea and vomiting and some pain in the stomach, and this was later followed by emesis, apparently characteristic of gastric ulcer, and he was accordingly treated for gastric ulcer for some months. These attacks recurred every morning and at other times when influenced by his emotions. He went from one physician to another without getting relief from any one. He was several times in the Massachusetts General Hospital, for longer or shorter periods, for treatment. The vomiting finally became only an occasional feature, but the pain persisted, but instead of being in the stomach it became located in the region of the umbilicus, being excruciating, causing him to double up in agony, and sometimes running down into the left groin and testicle. By this time the attacks usually began with a sensation of a ball rising from the seat of pain to the throat, in fact, a well-marked

globus hystericus. One physician assured him that disease of the left testicle was the cause of all the trouble, and several months before his admission to the hospital that organ was removed, but without any effect in relieving the pain.

A careful study of the young man's history was made to ascertain if there was any cause acting in the past which would bring about this condition. His father and mother were healthy, and are both living. There is no evidence of a heredity of intemperance. He has two sisters who he says have been very nervous. He has had all the usual children's diseases but was considered in good health until thirteen years ago, when at the age of seventeen he had typhoid fever. After this he was very feeble for several months and it took him a year to regain his normal condition. A year later he contracted syphilis and following this there is a history of excessive venery for some years. He married five years ago and shortly after this event he received a severe moral shock, immediately after which the first symptoms of gastric ulcer appeared. A careful physical examination shows no evidence of any tumor or any other cause in the abdominal cavity for the pain. Examination of the field of vision shows it to be somewhat contracted and very irregular. This is considered one of the well-marked stigmata of hysteria.

His brother reports that several times when at home and suffering from the severe pain, a threat to chastise him had apparently produced the miracle of immediate cessation of the pain, and while at the hospital, when he has been noisy and sent up to the ward where noisy patients are, which he disliked, it has had the effect of modifying and making the attacks milder.

Our diagnosis of hysteria is made from the history, from the symptoms presented, and by the exclusion of any organic lesions of the viscera. Undoubtedly the typhoid fever and syphilis and his habits were the active predisposing causes for the development of the disease, and the moral shock the immediate exciting cause.

His treatment was begun with colocynth as covering all the symptoms, but at the usual time the attacks recurred. A careful review of all his symptoms was then made, which seemed to indicate arsenicum, which was given without any better result. After arsenicum had been faithfully tried, hypnotism was used with the result after the first trial, of amelioration, which continued at subsequent trials for a week or ten days. Counter suggestion in the waking state made by another patient, that he could never get any better from such treatment, apparently prevented further improvement, and this treatment was given up for a time.

At present he is taking dioscorea. During his entire hospi-

tal residence the moral treatment has been to assure him that he did not suffer from an organic and incurable disease and that there was no reason why he should not recover.

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*DERMATITIS HERPETIFORMIS. — A CASE OF MULTIPLE GUM  
MATA. — A CASE OF PSORIASIS.*

BY J. L. COFFIN, M.D.

[*Read before the Massachusetts Homœopathic Medical Society.*]

Dermatitis Herpetiformis is a disease, so varied in its manifestations, so insidious in its onset and often so difficult of diagnosis in its earlier stage, that I present for your consideration the details of a case which has been under my care for the past three months.

Permit me first, however, to refresh your memories by briefly reviewing the varied lesions and symptoms which this rather rare disease presents. Stelwagon, in the article in Morrill's System, gives no less than fifteen synonyms, among the most common of which are hydroa, hydroa herpetiformis, dermatitis multiformis, Duhring's disease, herpes gestationis, pemphigus pruriginosus, herpes circinatus bullosus, etc.

The above author defines it thus: "A somewhat rare inflammatory disease, with or without slight or grave systemic disturbance, characterized by an eruption of an erythematous papular, vesicular, pustular, bullous or mixed type, with a decided tendency towards grouping, accompanied usually by intense itching and burning sensations, with more or less consequent pigmentation, and pursuing a persistent chronic course with exacerbations."

When we consider for a moment the variety of lesions which this disease may present, either alone or in combination, we see why there is such a multitude of synonyms, or rather, why different observers have given different names according to the particular lesion or lesions which predominate in the case presented to them. It was in the recognition of the fact that these varying appearances were but different phases of the same process, and in the grouping of these allied diseases together under the name of dermatitis herpetiformis that Duhring has made a great step in the right direction.

The onset of this disease may be preceded for a few days with symptoms of malaise, constipation, chilliness or flushing, often accompanied by itching or great burning of the surface, although as yet there is nothing to be seen. In other cases there may be almost no systemic disturbance, and the patient seem in his or her usual health. The eruption may be erythematous, papular, pustular, vesicular or bullous; there may be a

preponderance of one type, although as a general thing the type does not remain the same throughout. It may invade only portions of the body, especially the arms and hands, feet and legs, or it may when fully developed cover the whole cutaneous surface. The vesicles and blebs are essentially herpetic in character, being irregular in shape, slow to rupture, and essentially grouped, situated upon an erythematous and inflamed base. Exacerbations and remissions are a marked feature in the course of this interesting complaint, taking place either by an eruption of a new variety of lesion upon the subsidence of those already existing, or in a total disappearance of lesions to be followed after a longer or shorter time by a crop of the same or different type. The course of the disease is essentially chronic and rebellious to treatment, lasting sometimes, with varying periods of remission, for several years. Its pathology and etiology are as yet but little known, the preponderance of opinion, however, being in favor of a neurotic origin. Having thus very briefly outlined the course of this affection, I present notes of the following illustrative case :

On July 5th last was called to see Mrs. —, 56 years of age ; light-complexion ; fair-haired ; in good flesh. Previous history was that of great trouble for many years from dyspepsia ; had been under competent treatment in both Chicago and New York ; was told she had chronic liver trouble and doubtful prognosis given. Two years previous to above date was put under care of Salsbury, and had lived during this time entirely on his diet of lean beef, lamb and hot water. Since first six months of this treatment, had considered herself well and strong. Two weeks before I saw her, she had, especially on the feet and ankles, what she supposed to be flea-bites, accompanied by intense itching and burning ; these were followed by vesicles and a new crop of papules, which the patient attributed to scratching and feared she had in some way poisoned herself. Upon this, my first visit, I found the following conditions : The patient was in bed ; temperature, 101.5 ; pulse, 90 ; digestion all right ; bowels regular ; tongue clean. The hands and fore-arms as far as the elbows were covered with large, irregular shaped, diffusely inflamed patches, covered with papules, vesicles and blebs, the latter two predominating ; upon the anus were isolated blebs in size from a pea to a hickory-nut, arising apparently out of sound skin. The palms were similarly affected ; a large, circular patch on right shoulder, scattered vesicular lesions through the hair, one small lesion on face and one quite large bleb on the left side of the neck. The whole genital region, perineum, intergluteal crevice, and to some extent the inside of the thighs were thickly covered with large vesicles and blebs, not ruptured, on a

reddened, inflamed, sensitive base. An offensive discharge from the vagina led me to suspect similar lesions within; an examination was not made, owing to the extreme soreness of the parts. The feet, soles, ankles and legs, as far as the knees, were covered with similar lesions, a ring of blebs surrounding each knee. All the vesicles and blebs contained serum; in no lesion had purulent degeneration taken place. Examination of urine showed sp. gr., 1010, slight trace of albumen, no sugar, excess of urates and two granular casts. Patient was restricted somewhat in amount of meat, given a little fruit, slight amount of bread, chicken, etc., Lithia water to drink. Arsen. and nux. vom. internally, and a lotion of alcohol, carbolic acid and water, to be followed by a dusting powder containing two per cent. of camphor locally.

July 13th, some improvement; lesions drying up; great sleeplessness; complained of feeling in the head as though she should lose control of herself; great restlessness; temperature and pulse normal. Hyos. given with no effect and after a few days was given chloralamid, 5 grains, at bedtime, in hot water.

Aug. 20th, been improving slowly but steadily till now, when a new crop of blebs appeared on many of the sites of the existing lesions, which are now limited to arms, hands, lower third of legs and tops of feet.

Sept. 11th, very much better. Have continued the arsen. 3x, and now prescribed sulphur ointment locally.

Sept. 18th, another new crop of small lesions on the margins of existing patches. R. Fowler's Sol., 2½ gtts., after each meal; ointment of equal parts, starch and powdered sulphur and vaseline, q. s.

Oct. 2nd, eruption about gone; patient about well, apparently; is dressed, able to be about the house and to drive out. I shall expect a return of the lesions in some type within three or four months, although the arsenic will be continued some time in the hope of averting a return.

#### CASE OF MULTIPLE GUMMATA.

April 24th, 1894, was asked to see Mrs. —, age, 76, at the Massachusetts Homœopathic Hospital. Patient was rather above medium size, stout and well-nourished. She presented at this time the following lesions: On the lower third of the right leg, just above the outer malleolus was an ulcer irregularly rounded in shape, with clean cut edges, the bottom occupied by an offensive slough. This ulcer measured about 2 1-2 inches in diameter; the lower third of back of leg presented an ulcer 4 3-4 inches in long diameter, showing in general the same characteristics as preceding. The edges were indurated, and base,

though red, was not œdematous. At this time there were five of these ulcers on the right leg; just above the inner malleolus of the left leg was an elastic feeling, bluish-red, somewhat movable tumor, the size of a small orange, of about three weeks' growth. Patient presented tumors similar to above in character, but of size varying from large nut to small orange, to the number of about 35, distributed as follows: On legs, 7; on plantar surface of feet, 5; on right hand, 11; on the left hand, 10; one lesion in the axilla and one in the groin. New lesions were appearing every few days. All the lesions were painless; patient had good appetite and digestion; bowels constipated; pulse normal and temperature slightly raised. History previous to admission to hospital, Feb. 14th, 1894, as follows: Was of English birth; had been married thirty-nine years; husband been dead eight years; never had been pregnant; menses always scanty; climacteric at fifty years; had been afflicted with rheumatism, mostly in ankles; had severe headaches for years; for twenty-five years had varicose veins with eczema of head, arms and legs. Condition when entering the hospital as follows: On left leg, about two inches above the inner malleolus, an ulcer, size of quarter of dollar; on outer side of tibia, about midway, another ulcer the size of a dime, ulcers clean cut, edge discharging yellow serum; ankle, burning pain; both legs red and skin thickened; on arms, chest and back, patches of eczema. General condition of patient improved up to the 26th of Feb., when two swellings, very red, freely movable, hard and about the size of marbles appeared, one  $1\frac{1}{2}$  inches above and behind inner malleolus; the other over anterior surface of tibia about three inches above ankle joint; not painful. By the 10th of March, these lesions, which had increased rapidly in size, began to ulcerate and subsequently formed the ulcerations which patient presented when she first came under my care; meanwhile, the other tumors above described had appeared.

I made the diagnosis of multiple, syphilitic gummata and gave the patient merc. iod. rub. trit. 2x, and kali iod., five grs. night and morning, ordering the ulcers to be thoroughly cleansed with solution per-oxide of hydrogen and dusted with iodoform.

Conditions of ulcerations improved, and but few new lesions appeared until May 12, when patient complaining of rheumatic pains, rhus tox. 3x were substituted for merc. bin. New lesions began to appear with great rapidity, so that by the 15th, the patient presented for our inspection 78 in number. Merc. bin. was again ordered and dose, kali iod., increased to 15 grains.

From this time to the 14th of June, constant improvement took place, at that time 39 lesions being present instead of 78. Most of the lesions on the legs had healed.

From this date until the 23d, new small lesions appeared, mostly on hands, when she became drowsy and delirious with involuntary micturition; drowsiness increased to complete stupor with gradual loss of reflexes; paralysis and death on July 1st. Diagnoses: Syphilitic thrombosis. The especial feature of this case is the multitude of lesions, as the gummata usually occur in limited numbers.

#### CASE OF PSORIASIS.

March 29, 1894, was called on to see A. P., in consultation with Dr. W. E. Barnes, of Roxbury, to whom I am indebted for the following history of the case: Child was born Jan. 28th, 1894; weighed ten and one-half pounds; child had phymosis and prepuce was dilated March 5th. On March 7th, there appeared on the fingers and hands minute congestive points. On the 13th, more similar points had appeared on the face and body; by the 20th, some lesions on hands and face had increased to the size of a pea and showed a tendency to coalesce, these patches were raised, clearly defined and slightly scaly.

At the time I saw the child, one week later, it presented the following appearance: Was well nourished and healthy looking; very irritable and fractious, apparently from itching; there was present all over the surface, but more especially on hands, arms, legs, face and scalp a bright red eruption, the lesions varying from a pin point to a sharply-defined patch, size of a quarter of a dollar. These latter showed bright, scurfy scaliness, the smaller lesions none, but upon removing the corneous layer, by slight scraping over a lesion, the minute pin-point sized blood points could be discovered. A diagnosis of psoriasis was made, and arsen. 4x, *ter die*, with ointment of one per cent. un. hydrarg. ammon., one per cent. acid carbol. in ung. an. rosae advised. The case rapidly improved and eruption disappeared. In July, the lesions began to reappear, but were quickly removed by same medication. The interesting point about this case was the age, thirty-eight days, at which the disease appeared, being by far the earliest of which I have been able to find any record. Kaposi's case at eight months and Elliott's at eighteen months being the youngest of which I find any mention.

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#### A YEAR'S PROGRESS IN GYNÆCOLOGY.

BY G. R. SOUTHWICK, M.D., BOSTON.

[Read before the Massachusetts Surgical and Gynæcological Society.]

It is impossible to mention in a few minutes ever so briefly all of the new work in the domain of gynæcology. The writer will be obliged, therefore, to indicate the direction of gynæco-

logical research rather than to describe all that has been accomplished.

Much valuable work has been done in pathology, especially the anatomy and pathology of the endometrium and more particularly the relation of the utricular glands to the development of malignant disease of the uterus. The general opinion being that progressive development of the utricular glands recurring after their removal, i. e. hyperplastic glandular endometritis or diffuse adenoma<sup>1</sup> tends to the development of cancer, especially if pronounced adenoma develops with a small amount of interglandular tissue, and if the microscope shows penetration of the muscular elements of the uterus. A sharp boundary line between benign and malignant adenoma of the uterus can not be drawn<sup>2</sup>.

Schottländer<sup>3</sup> has found cavities in a sub-serous myoma lined with both cylinder and ciliated epithelia, in other words glandular elements. Hansen, of Erlangen, has reported another case, which with these of Babesius, Diesterwegs and Schröder, make all the references to it in literature. These glandular elements in fibroid tumors are of embryonic origin and explain the formation of some of the cavities found in these tumors.

Rossi Donia<sup>4</sup>, of Rome, has found protozoæ in glandular endometritis, and in view of recent studies of protozoæ in reference to the ætiology of cancer, he raises the question whether the presence of these protozoæ may not account for the recurrence of glandular endometritis and its possible ultimate development into adenoma of a malignant character. The salts of quinine have a specific effect on the amœba, and he suggests that after carefully curetting the uterine cavity, the latter should be thoroughly injected with a solution of quinine to prevent recurrence of the growth.

Dobbert has made a careful study of the uterine mucous membrane in ectopic gestation, and thinks the loss of the connective tissue and muscular layer in the decidua, so characteristic of the pregnant uterus and pregnant tube, is also peculiar to the uterine decidua in extra-uterine pregnancy. He differs in this from v. Franqué, who has written very carefully on membranous dysmenorrhœa (exfoliative endometritis)<sup>5</sup>. The latter states that the microscope alone cannot make a differential

1 O. Küstner, *Grundzüge der Gynäkologie*, Jena, 1893.

2 Th. Wyder, *Tafeln für den gynäkologischen Unterricht*, Text, p. 27; also P. Zweifel, *Vorlesungen über Klinische Gynäkologie*, Berlin, 1892, p. 418.

3 J. Schottlander, *Zeitschrift für Geburtshülfe u. Gynäkologie*. Vol. xxvii. H. 2, p. 321.

4 *Archiv für Gynäkologie*. Vol. 47, H. 1, p. 1. 1894.

5 Beitrag zur Patholog. Anatomie der Endometritis Exfoliativa. *Zeitschr. für Geb. u. Gyn.* Bd. 27.

diagnosis in all cases between early abortion and its sequela, extra-uterine pregnancy and membranous dysmenorrhœa. The writer will add that this is the general opinion of the best German authorities.

It is not generally known that yeast cells may cause disease of the female genital tract. Colpe<sup>1</sup> reports an interesting case where a bacteriological examination of the leucorrhœa showed the presence of a variety of yeast cells. He ascertained on inquiry that her father was a brewer and that as a girl she had suffered from leucorrhœa. She must have been infected originally from the yeast cells everywhere present in the brewery, and these cells had become adapted to the unusual culture medium. Instead of the usual germicides, such as corrosive sublimate, chloride of zinc, etc., he ordered applications more specifically fatal to plant life, lactic acid, one per cent. as a douche, followed later by salicylic acid, three per cent. The patient improved very rapidly, and in eight weeks scarcely any leucorrhœa was present and no yeast cells could be found.

Deciduo-sarcoma of the uterus was an unknown form of malignant disease till quite recently, Sânger giving the first report of a case before the Leipsic Obstetrical Society in 1888. A comprehensive study of the disease by him was published last year with full references<sup>2</sup>, Menge has reported one more case and gives more recent references than Sânger. As the disease is rare, and in the beginning easily mistaken for benign conditions, I take the liberty to give a bare outline of Menge's case, as but very few have been reported<sup>3</sup>.

Frau — entered the Leipsic clinic in December, as six months pregnant with profuse bleeding. The case was diagnosed as threatened abortion. She was put to bed and given opium. The bleeding diminished and in thirteen days she gave birth spontaneously to a large hydatiform mole, and some days later left the hospital. Six months later she came again with very profuse bleeding from the genitals. The pelvic organs appeared normal except some enlargement of the uterus. The cervical canal was dilated by a laminaria tent and a bean-like protuberance removed by the finger and curette from the otherwise smooth uterine cavity. Contrary to his custom to examine microscopically the tissues in every case curetted, it happened to be omitted in this one. Three weeks later he was summoned by a physician with the news that she was suffering from pro-

<sup>1</sup> *Archiv für Gynäkologie*. Vol. 47, H. 3, p. 635. 1894.

<sup>2</sup> Ueber Sarcoma Uteri Deciduo-Cellulare und Andere Deciduale Guschwülste *Archiv für Gynäkologie*. Vol. 64, H. 1, p. 1. 1894.

<sup>3</sup> *Zeitschrift für Geburtshülfe und Gynäkologie*. Vol. xxx., H. 2, p. 323. 1894. Ueber Deciduo-Sarcoma Uteri.

fuse genital hemorrhage which could not be arrested by a tampon. She was pulseless, but revived from a sub-cutaneous transfusion of a physiological salt solution, and was brought to the hospital. The canal was again dilated by a laminaria tent and large pieces of placenta-like tissue was removed carefully by the sharp curette. The microscope confirmed the diagnosis of deciduo-sarcoma. The uterus was removed by the vagina seven days later, but metastases had already appeared in that brief period. Six months later she died from recurrence. The close similarity of certain features of this case in its early stages with some we all have seen of retained fragments of placenta after abortion are apparent to us all.

Hofmeier has made an excellent study of the effect of myofibromas of the uterus on conception<sup>1</sup>, pregnancy and labor based on his records of two hundred and thirteen cases. Many of us are familiar with Gusserow's monograph and his report of six hundred and seventy cases of fibroids with one hundred and sixty-six abortions. Hofmeier states that these figures are not correct. He thinks pregnant women are in no more danger of hemorrhage or miscarriage than in ordinary pregnancy. Direct and permanent injury to the patient is very rare. The conduction of labor must be strictly antiseptic. Gusserow reckons the mortality at fifty-five per cent. each for mother and child, which does not agree with Hofmeier's experience. The best time for operating is not immediately after labor, but after some weeks or months.

We are apt to think that the microscope is a sure means of diagnosis of malignant disease but Schönheimer<sup>2</sup> remarks pertinently that the condition of the microscopical preparation is only a symptom playing an important role in the semeiotics of uterine cancer and alone is not decisive. The symptoms of the case must be compared with continued observation if the case be doubtful. It must remain always clear that the examination of a minute particle of tissue is valuable only when it permits us actually to draw a conclusion of the origin and course of the entire course of the disease.

Surgery as before has played a leading part in gynæcological literature, and so numerous have been the new opinions, operations and modifications, that it will be possible to mention only the most important.

Vaginal hysterectomy has been steadily gaining favor. Schuchhardt<sup>3</sup> has practised deep lateral incisions in the perinæum and

1 *Zeitschrift für Geburtshülfe u. Gynäkologie.* Vol. xxx., H. 1, p. 199.

2 *Archiv für Gynäkologie.* H. 1, vol. xlv., p. 178. 1894.

3 *Zeitschrift für Geburtshülfe u. Gynäkologie.* Vol. xxviii., h. 2, p. 405.

along the vagina to make the field of operation more accessible, which he has found of great advantage and to simplify the operation.

Both Mackenrodt and Winter have modified the operation somewhat to avoid infection of the wound with particles of cancer. Flaps from the vagina are stitched over the cervix so as entirely cover it and occlude the os. These are separated by the thermo-cautery. The remainder of the operation is by the usual method. An important modification of this operation has been made by Dr. Pratt<sup>1</sup> who has repeatedly demonstrated the possibility of successfully removing the uterus without ligature or clamp. The chief feature of this method is to commence the dissection close to the external os, similar to the French method, and as it is carried upwards to hug the uterus very closely, thus keeping beneath the blood vessels. The necessity, however, of keeping close to the uterus limits the value of the operation for carcinoma uteri, as diseased tissue or small metastases are more likely to be left.

Bland Sutton has contributed an interesting article to gynæcological literature, recommending the abolishment of cœliotomy for pyosalpinx and advocating vaginal hysterectomy instead. This is in line with the work of Segond and Péan, of Paris, and has received powerful support in Landau<sup>2</sup>, of Berlin, and Jacobs<sup>3</sup>, of Brussels. Both have published very carefully written essays well worthy of study. Landau reports one hundred and thirty-nine laparotomies and extirpations for tubal disease with only 2.8 mortality. Jacobs reports two hundred and fifty-five cases and only five deaths, a mortality of only 1.96 per cent. The chief advantages are, the collection of pus is emptied directly into the vagina instead of the peritoneum which generally is walled off by adhesions, better drainage, removal of a useless uterus, the original source of infection, which too often infects the peritoneum after removal of pus tubes by the older method of cœliotomy, and, finally, there is less digging up and tearing of extensive adhesions with all its attendant dangers.

Freund<sup>4</sup> has rediscovered a very simple operation for procidentia in elderly women who refuse to have any operation such as usually is performed. He commences at the cervix uteri and introduces circularly in the sub-mucous tissues a silver wire like the string of a tobacco pouch. This is drawn up and puckers together the soft parts, pushing back the vagina and uterus. Successive sutures are introduced in like manner till the entire

<sup>1</sup> *Medical Century*, Nov., 1893,

<sup>2</sup> *Archiv für Gynäkologie*. Vol. 46, H. 3, p. 397.

<sup>3</sup> *American Journal of Obstetrics*.

<sup>4</sup> *Centralblatt für Gynäkologie*. No. 47. 1893.

vagina is drawn back. No cutting is necessary and the sutures remain as permanent splints in the pelvis. The original discoverer of this operation was Dr. Bellini, of Florence<sup>1</sup>.

Surgery has made wonderful strides since 1835, and modern asepsis, silver wire and our knowledge of buried sutures will add much to the success of Bellini's operation. A number of very successful cases have been reported.

Goodell's well-known and most practical paper on the effect of the castration of women is more than a year old, but his remarks are so pertinent that the gist of them is worth repeating in view of a general tendency to greater conservatism in the removal of distended tubes and enlarged ovaries. He believes the death-rate from diseased appendages greatly overestimated, a higher percentage from the operation being found even among the best operators. He has cured many cases, with all the subjective and objective symptoms of total abscess, without any operation, and in some of them pregnancy has followed. He does not believe in removing all ovarian tissue before the menopause unless it is intrinsically diseased, as the artificial menopause induced by operation is often attended by more serious complications than those which are not rarely observed in the natural change of life.

Uretero-vaginal and uretero-uterine fistulæ do not belong to the pre-surgical period of surgical gynæcology so much as to modern gynæcology, and usually are the result of wounding the ureter, more especially after vaginal hysterectomy. Many operations have been devised, but are technically difficult, and so often unsuccessful that extirpation of the corresponding kidney commonly has been practised. Mackenrodt<sup>2</sup> has presented recently to the Obstetrical Society, of Berlin, a new and successful operation for this condition, and has operated successfully in three cases. The operation, in brief, for a uretero-vaginal fistula, is to make an artificial vesico vaginal fistula quite close to the fistula in the ureter. The edges of both fistulæ are then split, and the urethral fistula turned or everted into the bladder through the new visico-vaginal fistula and secured by sutures. If it is a case of uretero-uterine fistula, the cervix is split, the urethral opening found, the urethra dissected up from the cicatricial tissue for three or four centimetres, brought down, split at the end and fastened in the vagina. The cervix closed and four weeks later the former operation of introducing the ureter fistula in the bladder is performed.

The surgical treatment of posterior deviations of the uterus

<sup>1</sup> *Bull della Scienze Med.*, Novembre e. Dicembre. 1835.

<sup>2</sup> Verhandlungen der Gellschaft d. Geb. u. Gyn. zu Berlin in Zeitschrift für Geb. u. Gyn. Vol. xxx., H. 1, p. 311. 1894.

has never made so much progress as in the past year. It now seems not unlikely that retroversions and retroflexions of the uterus will be permanently cured by comparatively simple operations without mutilation.

Czempin<sup>1</sup> has introduced a modification of ventral fixation of the uterus, which is not essentially new except in a few details. It consists in elevating the hips at an angle of forty-five degrees. The abdominal wall is divided down to the peritoneum and just above the symphysis pubis. The fundus uteri is then elevated against the exposed but not opened peritoneum, and sutures are passed, fastening the fundus uteri to the abdominal wall.

The most important, however, of all the operations devised for the relief of posterior deviations of the uterus are those of fastening the fundus uteri in antifixion by sutures through the anterior vaginal wall. The subject is of so practical a character I take the liberty to give quite full references to the subject for those who care to look it up in detail<sup>2</sup>. The best and most comprehensive essay on the subject has been written by Dr. Alfred Dühresen<sup>3</sup>, who reports two hundred and seven of his own cases with special reference to permanent results. I have quite full records of these and some others, making in all about two hundred and twenty cases, and I have been deeply interested in this subject which apparently promises so much for many of our patients. The failures have been mostly among patients suffering from procidentia and posterior adhesions of the uterus. The former requires narrowing of the vagina and in many cases of the latter the adhesions can be separated. The mortality of the operation is not quite half of one per cent., no more than after curettement and prolapse operations. Eighty-three per

1 Zeitschr. f. Geb. u. Gynäk. Vol. xxx., H. 2. p. 522. 1894.

2 Säger, Centralblatt für Gynäkologie. No. 3, p. 41. 1888.

Dühresen, Berliner Klin. Wochenschrift, pp. 1118, 1119. 1891.

" Gynäkologischen Vade Mecum, 2nd Ed. 1892.

" Zeitschrift für Geburtshülfe. Bd. xxiv., h. 2.

" Centralblatt für Gynäkologie, p. 924, 1892.

" " " " No. 30, 1893.

" Berl. Klin. Wochenschrift. Nos. 29-30. 1894.

Fritsch, Bericht über die Gynäkologischen Operationen, p. 185. 1891-92.

" Deutsche Med. Wochenschrift. No. 1. 1894.

J. Veit. Berliner Klin. Wochenschrift, pp. 1118, 1119. 1891.

J. Esser, Zur Therapie der Retroflexio Uteri Inaug. Diss. Bonn. 1892.

Küstner, Grundzüge der Gynäkologie, Jena, 1893.

Mackenrodt, Deutsche Med., Wochenschrift. No. 22. 1892.

" Centralblatt für Gynäkologie. No. 25. 1892.

" " " " Nos. 27, 29 and 36. 1893.

Winter " " " " No. 27. 1893.

Steinbüchel " " " " No. 31. 1893.

Pratt, Medical Century. Sept., 1893.

Zweifel, Centralblatt für Gynäkologie. No. 39, (27, ix, '90).

" Vorlesungen über Klinische Gynäkologie, p. 210. 1892.

3 Archiv für Gynäkologie. Vol. xlvii., H. 2, p. 284. 1894.

cent. of the cases were cured. The majority of these have been operated on some months or from one to three years. Eighty-one per cent. of the recurrences were within nine months, and nineteen per cent. in the second year or later. Pregnancy and labor followed in twelve cases, and in nine of these the uterus remained in normal antifixion.

The surgical treatment of fibro-myota continues to be a fruitful subject for study. The ligation of the base of the broad ligaments to limit the blood supply and to diminish the nutrition of these growths, especially small myomas causing profuse flowing, has been practised by Martin<sup>1</sup>, Gottschalk and others with some success. Robinson<sup>2</sup> has practised ligation of both uterine and ovarian arteries.

The treatment of the pedicle after myomectomy occupied an important place in the discussions of the late International Congress. Martin<sup>1</sup> advocated total extirpation by the abdominal method. He had operated on twenty-six women and obtained twenty-five complete cures. Dr. Bantock<sup>3</sup> still advocates the extra peritoneal treatment of the stump. Zweifel<sup>4</sup>, who has performed ninety-two myomectomies with a mortality of only 3.2, one of the deaths being from ileus without peritonitis, reports an important modification of his method. The broad ligament is ligated in the usual manner and the thread of the last ligature is carried directly across the cervix through the neck in three or four chain ligatures. The uterus is then removed above the ligatures and the stump is covered with the peritoneal flap sewed to the peritoneum below the ligature to obtain good fresh peritoneum for adhesions. No attention is given to the cervical canal except in suppurating tumors.

The Tendelenburg posture is still a favorite for certain operations but v. Strauch<sup>5</sup> reports three cases of venous thrombosis of the lower limbs in nineteen cases of cœliotomy. He ascribes it to the sharp flexion of the leg.

Uterine reflexes have received some attention. Ramsay<sup>6</sup> has observed that sharpness of vision is diminished two or three days before menstruation and is most marked on the third or fourth day. The sense of color, especially green, also suffers. At puberty there is an increasing frequency of inflammatory diseases of the eye.

The association of uterine disease with disturbance of the

<sup>1</sup> American Journal of Obstetrics, p. 32. Jan., 1894.

<sup>2</sup> American Journal of Obstetrics, p. 484. April, 1894.

<sup>3</sup> American Journal of Obstetrics. Aug., 1894.

<sup>4</sup> Centralblatt für Gynäkologie. No. 14. 1894.

<sup>5</sup> Centralblatt für Gynäkologie. No. 13. 1894.

<sup>6</sup> Centralblatt für Gynäkologie. No. 8. 1894. Reprint.

digestive apparatus is a matter of common experience. Frank<sup>1</sup> has published an essay on the subject and concludes that disturbances of the stomach do not consist of severe organic changes but belong for the most part to the domain of nervous dyspepsia. He examined the stomach and its contents by exact methods, and found in seventy-five per cent. of the cases that the secretive and digestive functions were normal but that the mobility of the stomach was greatly diminished. This is in accord with the inhibition of intestinal peristalsis so often found in women suffering from genital diseases.

The American Association of Obstetricians and Gynæcologists at its Toronto meeting, last September, devoted a large part of its time to inflammatory disease of the uterus, appendages and of the pelvic peritoneum. An excellent report of this meeting and its papers can be found in the *American Journal of Obstetrics* for November. Dr. Glasgow<sup>2</sup> presented a simple plan of treating distended Fallopian tubes without removal of them, which is worth a careful trial and any physician of good judgment can use it. He uses sterilized elm bark tents which are first dipped in glycerine, and tent after tent is slipped in until the cervix is full. The tents are cut short to enter the os externum without touching the fundus, and each one has a short string attached to it. A tampon holds them in place. This is continued for a number of days and the patient kept in bed. If there is no discharge of pus and the canal is as large as the finger, he cures and packs the uterine cavity with gauze. He has not yet failed to obtain some discharge, though every case has not been permanently relieved. The tents are rather smaller than a match.

The disinfection of the hands is a very practical subject for any operator. Furbinger's method of prolonged scrubbing with nail-brush and followed by washing in a strong solution of corrosive sublimate has been found very unreliable, also scrubbing with soft soap and sterilized sand. Chlorine water and lysol have been also found wanting. Reinicke<sup>3</sup> has made a bacteriological study of disinfection of the hands and has obtained the best results from thorough scrubbing with brush, soap and hot water for five minutes, a second scrubbing for five minutes with ninety per cent. alcohol and washing the hands finally with some aseptic fluid. One important thing is lacking in his experiments. The cultures used for artificial infection of the hands were chiefly those of the bacillus pyocyaneus and not with the staphylococci or streptococci which the surgeon espe-

1 Centralblatt für Gynäkologie. No. 18. 1894.

2 American Journal of Obstetrics. Nov., 1894.

3 Centralblatt für Gynäkologie, p. 1189. No. 47. 1894.

cially wishes to destroy. Aether is not so effective as alcohol. The Egyptian loofala is much better to use than the nail-brush.

There remains little to say regarding new therapeutic agents. Alumol now advertised in our journals has been reported with unfavorable results.

Ichthyol continues in high favor for many purposes, one of the newer being the treatment of gonorrhœa in three, five and ten per cent. solutions.

Thiol intended as a substitute for ichthyol and a like preparation without its disagreeable odor has been used to quite an extent, but the writer does not believe it will supplant ichthyol which he still prefers.

Petroleum<sup>1</sup> has been recommended as a local application for inoperable cancer and for vaginitis. The ordinary, refined petroleum is injected in the tumor, compresses and vaginal irrigations of it are employed. It soon causes healing of inflamed abscesses, removes the odor of suppurating carcinoma, hastens sloughing of gangrenous portions and dries the ulcers left. It may blister an inflamed skin but it does not cauterize.

Bernhart has tried parenchymatous injections of a six per cent. solution of salicylic acid in sixty per cent. alcohol for cancer, quite satisfactory results were obtained for a short time, but the treatment has proven too painful for the benefit obtained.

Oxygen has been found a valuable agent for the treatment of septic infection in its early stages.

Iodine trichloride has been used successfully by Gottschalk for puerperal fever, in a one per cent. solution in a sub-cutaneous injection of one to two cubic centimeters at a time.

Sugar has been used by Bossi as an ecboic during labor. He gave four teaspoonfuls in eight ounces of water for a dose. Its action began in twenty-five to forty-five minutes, and in most of the cases was of sufficient duration to insure expulsion of the child. Should further experience confirm his reports, we will find in sugar a valuable addition to our obstetrical therapeutics.

<sup>1</sup> Gaz. des. Hopitaux. No. 68. 1893.

## THE PRESENT STATUS OF ELECTRICITY IN THE TREATMENT OF MALIGNANT GROWTHS.

BY WILLIAM L. JACKSON, M.D., BOSTON, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

No modern electro-therapeutist desires to apply his favorite remedy to the exclusion of all other methods. We seek to use electricity only in those cases where it would serve as well or better than any other agent. In the treatment of malignant

growths our dependence has been, and in fact now is, mainly upon the knife, and yet there are cases where either from the position of the growth, or the condition of the patient, or his fear of the knife, electricity can be resorted to. The question naturally arises, is the use of this agent only a means of pacifying the patient with the idea that something is being done, or have we well-grounded reason for our confidence in undertaking this method? Those who have taken pains to investigate the subject know that there are many well-authenticated cases where electricity has not only ameliorated the symptoms and checked the progress of the disease but also positively and permanently destroyed the growth.

First of all I want to state as emphatically as I can that there are cases which are beyond the reach of any method of cure. It has been my experience to be called in consultation during the past year for a number of these cases, which had advanced far beyond the sphere of any known method and for which some wonderful panacea was sought, which the patient expected to find in electricity. Let it be clearly understood that there is no use in expecting anything from the application of electricity unless it be possible to get at every part of the diseased growth, and consequently all such cases as those where the disease has already invaded the general system or is of such great extent or has developed in such situations as to render it impossible to perfectly isolate and exterminate the growth must be given up as hopeless. In all other cases where the electrode can be properly applied we can undoubtedly destroy the growth by means of the electric current with less shock, less pain, less hemorrhage and less deformity than by any other method.

The effect of the galvanic current upon cancerous growths may be divided into three classes:

1. Mild currents, up to 25 milliamperes, undoubtedly increase the rapidity of the growth by stimulating the nutrition of the part.
2. With strong currents from 150 to 250 milliamperes there is a marked polar action which is destructive to the tissues in contact with the poles.
3. Very strong currents over 400 milliamperes, rapidly alternating, in other words voltaic alternatives, produce what Parsons calls disruptive action, and the parts subjected to this action are destroyed. It is singular that the healthy tissues will recover from the application of a current strong enough to destroy the malignant growth.

Parsons claims to have had much success in treating malignant disease of the uterus by means of needles introduced into the tissues and strong alternating currents flashed through

them. Where the disease is in the fundus, a blunt electrode is introduced into the uterine cavity, and with the other electrode, punctures are made through the vaginal portion into the cellular tissue surrounding the uterus.

Another method which is resorted to by some operators, when the growth is on the surface or easily accessible, is to introduce a number of needles connected with each pole into the tissues surrounding the growth. This can be used in epithelioma of the lip, cervix, or even in carcinoma of the breast.

Massey has derived benefit from the application of a current from 100 to 250 milliamperes, in cancer of the cervix. The positive pole is used, which causes a slough of the diseased parts, and this is to be followed by other applications until the disease is wholly eradicated.

Gautier has used electrolysis with copper electrodes successfully.

I have had satisfactory results in one case with the use of a zinc electrode, by means of which I got the advantage not only of the electrolytic action of the galvanic current, but also the local action of the oxy-chloride of zinc from decomposition of the active electrode.

A lady, aged seventy-four, came to me last March with the following history: Menses ceased at the age of fifty. Has had one child. General health has been good until two months ago, when she began to have a bloody discharge from the vagina. It lasted several days and has since returned a number of times, increasing in amount, and now is almost continuous. Complains of pain in lower part of back and dragging sensation in the pelvis. No history of any injury nor of anything that would account for the presence of the flow. Patient is very large and flabby, weighs over 200. On attempting to make an examination, the uterus was so high up and she was so sensitive that nothing could be learned. Three weeks later was admitted to the hospital and examined under ether. Instead of finding a small atrophied uterus, it proved to be large and heavy and very high up, in normal position. No evidence of any trouble in cervix nor in the appendages. A reddish brown and very offensive discharge exuded from the cervix in considerable amount. Sound passed 3 in., and its removal was followed by a discharge of watery mucus and blood. Cervix was dilated, then with the curette the interior of the uterus was scraped and a few shreds of tissue removed. These were afterward submitted to a microscopical examination, but gave no positive information. Patient still under ether; a zinc electrode was introduced into the uterus and connected with the positive pole of the battery, and two large negative dispersing electrodes

were applied, one on the abdomen and one on the back. A current of 250 milliamperes from 30 cells was gradually turned on and applied for ten minutes. The positive pole was moved about so as to come in contact with the entire surface of the uterine cavity. On removing the electrode it was found to be very much corroded and considerable hemorrhage followed the application. Patient recovered well from the anæsthesia, suffered but little pain and had but slight vaginal discharge, which continued, however, at intervals for about two weeks. Gained decidedly in strength. Four months later reports herself feeling well in every respect. There has been a slight return of the flow four times within this period.

This case seems clearly to have been one of cancer of the fundus of the uterus in an early stage. The age of the patient and her fat and flabby condition made it seem unwise to resort to any serious operation like hysterectomy. Her condition was certainly very much improved by the use of electricity. There was no shock from the application and the patient recovered very soon from the effects of it. Should the symptoms return I shall resort to another application of electricity, and expect by means of it to be able to hold the disease in check.

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#### *AN INTERESTING LAPAROTOMY.*

BY W. J. WINN, M.D., CAMBRIDGE, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

In July, 1894, Mrs. S—— was admitted to the Massachusetts Homœopathic Hospital with the following history. Age, twenty-six, married eight years. When eleven years old, as the result of a fall she had a hernia which was finally outgrown. At thirteen she had the scarlet fever. There were two children, the first weighing twelve and a quarter pounds, natural labor, but the cervix was badly torn. The second child, fourteen months later is now six years old. A year and eight months after the second confinement, she supposed she was pregnant and a professional abortionist passed a sound into the uterus three times in one week. She flowed profusely after this but nothing came away, and she concluded that she probably was not pregnant. This was in March, 1889. From that time on, she was a complete invalid, with great pain in the left ovarian region, much aggravated at time of the menses.

In the summer of 1890, the uterus was curetted without benefit. In January, 1891, she was living in Bangor, Me., and a local surgeon made a laparotomy, removing the right ovary and tube. Later she moved to Cambridge, Mass., and not being benefited by the previous operations, in May, 1892, the uterus

was again curetted and the cervical lacerations repaired. After this operation she flowed severely. From September, 1891 to September, 1892, she was examined and had more or less local treatment in four different hospitals in Boston. In September, 1892, a second laparotomy was performed and the left tube and ovary removed. Her convalescence was protracted by a large abscess in the line of incision. Her menses continued regularly till March 1st of the present year. Her last state was worse than the first. Constant backache, pain in the left side and running down the leg; confined to her room and bed most of the time. I found her suffering continuously with a large ventral hernia that was exquisitely sensitive to touch; hardly able to stand on her feet and unable to lie on her back.

July 25th, I called a consultation of the staff. Drs. Talbot and Boothby saw the case with me. Result—diagnosis and prognosis uncertain and an exploration advised, as a distinct tumor could be made out. As I would not promise that the patient would either *get well* or *die*, she would not submit to further operation, and left the hospital.

Aug. 6, 1894, she was re-admitted, desperate from pain. Aug. 8th I opened the abdomen (making the third time she had had such an experience.) The bleeding was very profuse and I was obliged to ligate everything as I went along. I found the intestines and omentum adherent to the hernial sack, abdominal wall and to the tumor. After much tedious work the tumor was brought into view and was thought to be a cystic myoma of the uterus. After further breaking up the adhesions it was found to be a pregnancy. I found the right ovary and tube and a large portion of the broad ligament had been removed. On the left side nothing positive could be made out. Feeling that the uterus depended largely on the adhesions that I had ligated, for nourishment, I decided as the safer course to remove the womb *in toto*, which was done in the usual manner. I closed the opening made into the vagina and drained from above with a glass tube. There was nothing special to note in the convalescence. The patient left the hospital in six weeks thoroughly and nicely healed. The old pain gone, though she has the train of symptoms often following the bringing about of the menopause.

On examining the tumor I found it contained a four and a half month's female foetus. On the posterior aspect low down just where the fundus pressed against the promontory of the sacrum, I found a *true corpus luteum* about the size of a pea, and a small cyst (apparently ovarian) of twice the size connected with it. There was no tube on the right side and no appearance of any on the left.

The case has many points of interest but more especially as showing under what adverse conditions it is possible for a woman to become pregnant. It is generally considered that the tubes are necessary to insure a pregnancy, yet here is a case where the right tube was gone and I could not find the left one, and the small fraction of the ovary that was left was misplaced and still the woman became pregnant.

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*DIFFERENTIAL DIAGNOSIS OF SPECIFIC AND NON-SPECIFIC  
URETHRITIS.*

BY ORREN B. SANDERS, M.D., BOSTON, MASS.

*[Read before the Massachusetts Homœopathic Medical Society.]*

While the majority of venereal patients consult the specialist, yet enough fall into the general practitioner's hands to warrant his being conversant with the distinction between specific (gonorrhœal) and non-specific urethritis.

The term gonorrhœa was given to all forms of urethritis by writers of the middle ages, because they regarded it as a disease of the secretory apparatus, resulting in an abnormally large flow of semen from the external urethral orifice. This is really the proper definition of the word gonorrhœa; therefore, we see that it is a misnomer, like many of the names of other diseases, but when custom and habit once adopt a certain word, it is very difficult to expunge it from common use, even though it has no pathological significance to the disease named. Later on, syphilis made its appearance, and being produced like gonorrhœa, by sexual contact, created a great confusion within the medical world.

However, after a lapse of many years, we have so far progressed in the analysis of these venereal diseases, that at the present time, we have simply to differentiate between chancre (constitutional syphilis) and chancroid; then again, as we shall try to show in this paper, a differentiation between specific and non-specific urethritis.

The urethra, like the other organs of the body, may be the seat of several distinct varieties of inflammation. Formerly, writers were content in describing only two forms of urethral disease, namely, gonorrhœa and chancre; but, under the present investigations and further knowledge, this classification must be enlarged. We find some cases of urethritis which present symptoms of great severity, and which seldom recover under six to eight weeks of treatment, while another class of urethral inflammation runs a comparatively mild course, frequently recovering spontaneously in two weeks, or less.

It has now been accepted generally by the profession that in the severe cases referred to, the urethral inflammation is caused

by contact with a specific virus from a diseased person, but that the mild cases may and do arise from other causes, like the secretions of the menstrual discharge or leucorrhœal discharge, or it may be from a sensitive point in the urethra previously diseased, and irritated by prolonged sexual excitement. This latter, or mild class, may also be produced by traumatism, lesions of syphilis, chancroids, etc.

Because a careful examination of the vagina and external genitals of a woman fails to show any signs or trace of the disease, does not prove that such a woman is free from the disease, for Noeggerath and other authorities have shown that the cervix uteri, Fallopian tubes, and even the body of uterus may be the seat of severe gonorrhœal inflammation, without any vaginal or urethral manifestation of such disease. A change of opinion regarding the pathology of urethral inflammation was brought about in 1879, when Neisser pointed out that the pus from the severer forms of urethritis differed from other varieties of pus by the presence of micro-organisms, which he called gonococci, and that this gonococcus was found in no other pus. This fact has been demonstrated by so many other authorities that no one would now deny the constant presence of these micro-organisms, or gonococci in all cases of specific urethritis. The severer forms of urethritis, then, have been demonstrated to depend upon the presence of these micro-organisms or gonococci. Without doubt, a large per cent. of all urethral inflammations can be classified under the head of specific or gonorrhœal infection.

Regarding the ætiology of other cases, or non-specifics, sometimes called pseudo-gonorrhœal inflammations, investigations have revealed the presence of two organisms differing wholly from the gonococcus. These micro-organisms were also found in the vaginal secretions of menstruating women, also from the secretions of leucorrhœa and cancerous disease of the cervix. The inoculation of these successfully cultured organisms upon the mucous membrane of the urethra, produced in healthy individuals, a mild urethritis, similar in symptoms and duration to the diseased urethra, from which the original culture was made. This would show the probable relation of these forms of micro-organisms to the milder forms of urethritis, and would be the cause of it.

Now it is of the greatest importance for us, as physicians or specialists, to be able to decide whether or not a case presented to us is specific or non-specific. It is necessary for the following reasons: Because we ought to thoroughly understand all the pathology of every disease we are trying to cure as far as is possible, with the advance of medical science; secondly, because our line of treatment would be greatly influenced by our

diagnosis of this disease ; thirdly, because we are bound to give our patients an honest and true opinion of their case, as to cause, probable duration, etc. ; and, lastly, that we may not do any injustice by a wrong or hasty diagnosis.

Many family and other events would probably be influenced by our decision, therefore it should not be given lightly, without careful consideration. The one positive differentiation will be by the use of the microscope in detecting gonococcus. If the urethral discharge contains gonococci, we have before us a true case of gonorrhœal urethritis.

While this is the positive and really only conclusive proof, still there are many other symptoms which would guide us in forming our opinion. No one can be accused of impure relations because he has an urethral discharge, neither can it be truthfully said that such a person has had sexual intercourse at all, for it is possible, and very probable, that many urethral inflammations have been produced by other and varied causes, especially is this true of many urethræ, where formerly a diseased condition was present, and a poor patch of mucous membrane remains ever ready to assume inflammation under the slightest cause. This is strikingly true where there remains a thickened hyperæmic patch, constituting a slight stricture, which is in excellent condition to assume suppuration by any slight cause, which would be unable to produce like results in a healthy urethra. In such urethræ as just mentioned, such causes as passage of sound, or very acid urine, or prolonged sexual excitements, or alcoholic excess, would produce active inflammation and suppuration.

This kind of urethritis, due to slight causes (not specific), starting up unhealthy urethral mucous patches, is very common. This is the form of urethritis where people say they have had a dozen cases of gonorrhœa, and mind it no more than a common cold ; and also these are the cases which quacks or ignorant practitioners claim to cure in a few days. In these cases, the discharge originates in the urethra from the very beginning. It does not start from the meatus. In twenty-four to forty-eight hours after connection, on examination, the lips of the meatus show no sign of pouting or swelling. The discharge is thick and purulent from the start. There is no tickling or itching along the urethra, or very little. There is some smarting during urination, but no discomfort between the urinations. A discharge beginning this way, with the foregoing symptoms, is usually not specific, or gonorrhœal ; however, it may go on and assume the most intense urethral inflammation. It usually ends in a few days to three weeks.

Now specific urethritis, produced by the one and only one

cause which can produce it, namely : contact with gonorrhœal or specific pus, always begins at the meatus. Usually, about three to five days is the duration of the incubation period of specific urethritis. The first symptom is an œdema of the meatus, causing the urethral lips to pout. This swelling may be insignificant in simple urethritis, but it is invariable in gonorrhœa. The color of the orifice is pinkish. There is a tickling or itching sensation near the entrance from the meatus. These sensations annoy and call for frequent urinations. The passage of the urine causes a hot, stinging pain, more or less intense in different patients. Between the pouting lips of the meatus, during the first twenty-four hours of the attack, is seen a drop of watery pus, and, on the second day, this drop becomes more creamy, while all the other disagreeable sensations increase. The discharge becomes more purulent each day, and more copious. During the second week, the pus has a greenish tinge, and possible some admixture of blood, and all other symptoms intensify. While a simple urethritis would at this stage reach its height, and begin to decline, true specific urethritis never does.

Sometimes we are consulted about the specific nature of a case, by a patient, where it is of greatest importance to know absolutely whether there exists a specific germ or not, and I now refer to cases of long standing, where the discharge is small, of a watery consistence only. This watery discharge will frequently elude all our research for gonococci, but in cases of this kind, where it is of such great moment to know the exact pathological condition, to inform our patient, we are wiser in giving some irritating injection, like a mercurial solution or per-oxide of hydrogen, in order to create a larger discharge, wherein we can the more readily detect the presence of gonococci, as in this larger pus discharge, they will surely be present if the case is still of a specific character.

From the preceeding remarks we are able to arrive at the following conclusions, namely : If a case presents itself to the physician, or specialist, where, after three to five days from sexual contact, we find œdema, and pouting of the meatus, with a pinkish color of the orifice, accompanied by an itching and tingling sensation on urination, and a drop of watery pus making its appearance ; and, if on the second day, we find an aggravation of all these symptoms, we are justified in saying that we probably have a case of specific urethritis before us. In order to make our diagnosis positive, we have simply to make a microscopical examination of some of the urethral pus for gonococci, and if we succeed in finding these micro-organisms, then we assuredly have a true case of specific urethritis.

## EDITORIAL.

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

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“*DE MORTUIS NIL NISI BONUM.*”

In ages long since past, in a spiritually unenlightened race, a respect for the great mystery of death gave rise to the saying quoted above. Somewhat later there arose that other saying, “*In necessariis unitas, in dubiis libertas, in omnibus caritas.*” In these days of “peace on earth, good will toward men” one is occasionally tempted to believe that our boasted civilization is obtunding the moral sense, degenerating the ethical instinct and destroying our sense of appreciation of honest work and upright living. It is utterances like the following that give rise to such pessimistic feelings:

“LARNED, KAN., Jan. 12th, 1885.

*Editor of the Homœopathic Physician:*

I wish to enter my earnest protest against the publication, in *The Homœopathic Physician*, of lengthy eulogiums on such doctors as J. P. Dake. It is as well known to the editor of said journal as to hundreds of homœopathic physicians that Dr. Dake was an avowed heretic in homœopathy, a traitor to Hahnemannian methods, and a perversionist of our materia medica, as *The Homœopathic Physician* has often declared and set forth. No one could object to a simple obituary notice, but when it comes to six or eight pages of fulsome adulation of an arch-traitor and a perversionist of those principles that we hold dearer than life, it is time to call a halt.

Very sincerely,

\* \* \* . . . . .”

On reading such a communication one tingles with mingled emotions of which pity forms a considerable proportion. Pity that the mind exists so estranged from the spirit of benevolence and good will; so warped as to be capable of such crass injustice towards a well-known and highly esteemed colleague.

It is possible to distinctly and deeply disagree with the opinions of another without being venomously inclined toward him.

And it is supposed to be a natural impulse of all right-minded and generous souls to follow the spirit of our text even when speaking of an enemy.

As to our sincerely lamented colleague, Dr. J. P. Dake, it is freely acknowledged by those privileged to know him, that he was an influential, enthusiastic, broad-minded homœopathist, with a world-wide and enviable reputation; an intelligent exponent of homœopathic principles, whose name and memory will live while homœopathy exists in these United States; a hard-working, conscientious, successful physician; a public-spirited, honorable citizen; an honest and fearless man.

Fortunate might any cause be to have such champions.

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#### EDITORIAL NOTES AND COMMENTS.

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THE NOSE AS A PROMOTER OF DISCORD IN THE HUMAN ECONOMY has at last been recognized at its true value, and is to be punished for its evil, though heretofore unrecognized conduct. It has usually been considered an innocent facial appendage and guiltless of evil motives, but modern searchlights have revealed great iniquity originating in and proceeding from the nose.

The nose has long been considered as the olfactory organ, the gateway to the respiratory tract, and for countless generations of small boys as a legitimate objective point in sanguinary combats. But it is no longer to rest quietly upon honors won from few duties, creditably performed, but is hailed to the front as a long-sought culprit and confronted with many sins. This might at first thought seem hard, but at least two advantages accrue from the apparent injustice. There arises a new field and hope to assuage the *ennui* of the specialty-seeker or collector, as it were. Then, too, with what relief and confidence the student in the "quiz" or the practitioner before the persistent seeker after causes, will be able to lay his finger upon the offending member. This may be appreciated from the following enumeration of the ills of man soberly attributed to this small organ by Dr. Lanténbach, in No. 1 Codex Medicus, p. 17.

We are told that the nose assists in hearing and also is an invaluable adjunct to the faculty of memory; the latter probably

being the dimly seen, ungrasped truth our fathers blindly set forth in the tradition that a large nose denoted superior intelligence in the possessor. Hence, says our serious friend, diseases of the ear and "loss of memory and ambition" and a "demoralized condition of the mental faculties" are traceable to disease of the nose.

Passing on through the body, he assures us that severe and persistent headaches, giddiness, lachrymal abscesses, epiphora, catarrhal and phlyctenular conjunctivitis, pain in the eyeball, corneal affections, asthenopia, pharyngitis, tonsillitis, laryngitis, bronchitis, asthma, pleurisy, pneumonia, hay fever, inanition, cholera infantum, dyspepsia, eczema of the face, and epilepsy, come from neglect of the nose. And, lest some portion of the anatomy should be slighted, he assures us also that from this neglect children are stunted in growth, have weak chests for life, and that general ill health, including irritable throat, stomachic disorders, constipation, poor complexion, inaptitude for physical or mental exertion, etc., pursue those who do not offer due homage to this humble member.

We are glad to know all this, there are so many diseases whose causes, according to our former literature, may be unknown or obscure. At the same time we feel a little uncertain as to our noses, whether we are better off with or without them. They have always been considered necessary, and rather ornamental than otherwise, but if such evils as have here been noted reach us through this organ, perhaps it would be better to have it removed from all infants as soon as born.

While this new idea serves to amuse us, we may well take from it the oft-needed reminder that in any condition of disease no slightest organ or symptom should be overlooked in examination.

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THE LEGAL STATUS OF DIPHTHERIA ANTITOXINE would seem to be in a fair way to being definitely settled, as is evidenced by the following "Circular of the State Board of Health;" for the time being the State favors but does not insist on the use of antitoxine. If this commendable alertness and activity of the State Board of Health meets with sympathetic coöperation on

the part of the medical profession, it will not be long before the scientific status of the remedy is also definitely settled. The removal of trade interests from the problem is not a bad idea. In this connection it is interesting to note the various prices placed upon antitoxine by different manufacturers. In this country 10 c.c. may be bought for from \$2.50 to \$5.00; in England, 30 c.c. may be bought for one shilling; in Germany, one manufacturer sells 5 c.c. for the equivalent of \$3.50. If there be a like variation in the quality of the products placed on the market, there is likely to be not a little difference in the reports of the results of the use of the new specific.

“STATE HOUSE, BOSTON, March 25, 1895.

The investigations of Behring and Roux with reference to the value of serum-therapy in the treatment of diphtheria, and the later experience of its use in diminishing the mortality from this disease are widely known and fully understood.

The State Board of Health, in accordance with its organic purpose as defined in the statutes, having in view the ‘interests of health and life among the citizens of the Commonwealth,’ and recognizing the value to the people of any agent which will measurably prevent the ravages of a disease capable of destroying more than a thousand of lives annually in Massachusetts and of causing suffering which cannot be expressed numerically, has prepared a supply of antitoxine, for the benefit, primarily, of such communities in the State as find it difficult or impracticable for any reason to supply themselves with the new agent from reliable sources.

Great care has been exercised in the preparation of this supply to fulfil the most exacting technical requirements for obtaining a pure and trustworthy product, and the tests of its strength have shown satisfactory results.

The Board does not propose to offer it for sale, but its gratuitous distribution will be under strict conditions designed to prevent abuse and waste and to obtain the most beneficial fruits. Each bottle is marked with a number and the date of the preparation of its contents. No antitoxine will be issued except upon a pledge that a full statement of the observed effects of its use will be returned to the Board at the termination of the case. In all instances possible a bacterial diagnosis will be insisted upon. The Board desires to emphasize the importance of using such appliances only as are adapted to the proper administration of the remedy, of remembering that experience has demonstrated that antitoxine is most useful in the earliest stages of a diphthe-

ritic attack, and of realizing that trained medical skill is required to administer it successfully.

A blank form for the report and a detailed statement of instructions as to methods will accompany each bottle of the anti-toxine serum.

For the needs of persons living within twenty-five miles of Boston, it will be required, for the present, that personal application at the office of the Board shall be made by the attending physician in the diphtheria case, or by some person authorized by him. For the convenience of more distant parts of the State, local agencies at public hospitals or municipal health offices will probably be established by the Board in accessible centres.

The office of the Board (Room 141, State House Extension) is open each week-day, except Saturday, from 9 A.M. to 5 P.M., and on Saturday from 9 A.M. to 2 P.M.

SAMUEL W. ABBOTT, *Secretary*.

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## SOCIETIES.

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### *BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, Mar. 7, 1895, at 7.45 o'clock, President, H. C. Clapp, presiding.

By vote of the Society the reading of the records was omitted.

The following names were proposed for membership: J. W. Hayward, M.D., of Taunton; J. H. Stephens, M. D., of Boston, and H. W. Cain, M. D., of Melrose.

Ellen A. K. Hutchinson, M. D., of Newburyport, was elected to membership.

Dr. N. Emmons Paine presented the following resolution to the Society, prefaced by remarks as follows: The Society was very cordially entertained last year by Dr. Marcella Hutchinson, Superintendent of the Massachusetts Hospital for Inebriates and Dipsomaniacs, at Foxboro.

A bill is pending in the legislature praying that this Hospital set apart a portion of its wards for the so-called "Keeley Cure." Dr. Paine strenuously objected to its introduction. Here is an opportunity for the Society to stamp its disapproval, and by so doing extend a courteous and helping hand to our friends of the other school.

### RESOLUTIONS.

WHEREAS a bill has been presented to the Legislature of this State, House Bill, No. 387, entitled, "Resolve with Reference

to the Use of the so-called Keeley Cure at the Massachusetts Hospital for Dipsomaniacs and Inebriates," the body of the bill reading as follows:

*"Resolved* That the Trustees of the Massachusetts Hospital for Dipsomaniacs and Inebriates are hereby directed to set apart such portions of said hospital as the demands may necessitate, for the purpose of administering to persons, sent thither for treatment, the cure for drunkenness now in use in certain private institutions and known as the Keeley, or bi-chloride of gold cure. For said purpose, said trustees shall make terms with Dr. Leslie E. Keeley, or the company representing said cure, for the use of the said remedy, and said trustees shall direct the physician in charge to use said remedy strictly in conformity with the instructions received from said proprietor, both as to administering the same and as to accompanying treatment," and

Whereas the medical profession have always justly been unanimous in considering the use of secret preparations and remedies as detrimental to the morals of the profession and injurious to the best interests and health of the community, be it therefore

*Resolved,* That the Boston Homœopathic Medical Society is of the opinion that the State of Massachusetts should not authorize or permit the use, in its State institutions, of any medicines or drugs whose composition is secret and unknown to the medical profession and to the public.

*Resolved,* That this resolution be presented before the legislative committee to whom the matter is referred.

After discussion the above resolutions were unanimously adopted. The following committee were appointed to present the resolutions to the legislative committee: Drs. N. Emmons Paine, I. T. Talbot and Conrad Wesselhœft. President Clapp approved the measure and called upon Dr. Conrad Wesselhœft to express his views, who said, "If we open the doors of our institutions to nostrums we violate our Code of Ethics. He then read from The Code of Medical Ethics adopted by the American Institute of Homœopathy, Part 2., Art. 1., Sect. 3 and 4. The Keeley cure is a patent medicine, nothing more nor less. How it is made and how administered is to be kept secret. Upon these grounds I object to its introduction.

Dr. F. P. Batchelder called the attention of the Society to another breach of medical ethics, viz.: public advertising. He spoke of the extensive advertising by Ira B. Cushing, M. D. of his "Pulmonine," and specifics. By request of the executive committee he made the following motion: That the General Secretary be requested to call Dr. Cushing's attention to the

existing violation and request his resignation at an early date.

#### SCIENTIFIC SESSION.

Dr. W. T. Talbot presented the following pathological specimens.

##### 1. Sarcoma of Ovary.

The patient was a girl fifteen years of age who had never menstruated. Last June she first noticed a freely movable growth in the lower part of the abdomen. In October it had reached the size of a child's head extending up to the umbilicus. Laparotomy was performed by Dr. G. R. Southwick. A large nodular tumor of the left ovary was removed. The patient lived five weeks after the operation and died from prostration and recurrence of the growth.

##### 2. Multiple Pulmonary Embolism.

The patient, a woman sixty years of age, weighing three hundred pounds, was thrown from a carriage and sustained injuries about the knee. There was no pain, but extensive ecchymosis. Consultation was called and the case was considered one of no imminent danger. Pain appeared and five weeks later breathing became difficult. A clot formed from below patella to the middle of the thigh. Death ensued. Post-mortem examination revealed the condition of thrombosis with adhesive exudate throughout the lungs.

##### 3. Mitral Vegetations and Infarction of the Spleen.

The patient took cold in June and suffered with stomach and kidney trouble. Mitral regurgitation became extreme, and she died.

Dr. George H. Earl presented an original device for douching the uterine cavity after abortion. The instrument consisted of a curved glass tube fenestrated near the distal end; and provided with a wire frame work sliding over the tube which provided for adequate dilatation of the cervix thus insuring ample exit for the water which is forced into the uterine cavity through the glass tube.

#### SECTION OF GYNÆGOLOGY AND OBSTETRICS.

Adaline B. Church, M. D., Chairman; E. A. Bruce, M. D., Secretary; A. M. Selee, M. D., Treasurer.

A nominating committee, composed of Drs. W. J. Winn, L. A. Phillips and F. P. Batchelder, reported the following nominations for officers of the section for the ensuing year, which were duly elected: Charles H. Thomas, M. D., Chairman. Lucy Appleton, M. D., Secretary; E. B. Cahill, M. D., Treasurer.

Owing to the absence of Dr. Alonzo Boothby, his paper entitled "Remarks on Extra-Uterine Pregnancy" was omitted.

Dr. N. W. Emerson cited a case of extra-uterine pregnancy. He was summoned to the case which was *in extremis*. Early in June, 1894, her physician was summoned during the night and found his patient pulseless, cold and almost insensible. The whole left side of her body was paralyzed. She slowly recovered from this condition. Shortly after, the patient had severe vomiting spells occurring about once in three weeks. Later, the attacks increased in severity and frequency. Dr. Emerson first saw her at the eighth month. She was eating little, had attacks of vomiting every ten days, rapid pulse, with pallor, menstrual flow interrupted. The abdomen was enlarged, filled with a hard mass, especially on the right side. On the left side the tumor appeared to be fluctuating and was pushed up under the ribs. A provisional diagnosis of extra-uterine pregnancy was made and operation advised. The patient was brought to the hospital and operation performed. On abdominal section the peritoneum was found adherent to the mass. On the left side a cyst was found which ruptured, contents dark-colored, odorless. The foetal head was felt and child delivered. Semi-organized blood-clots were found in great abundance. These were washed out and drainage instituted. The patient survived twelve days. Dr. Emerson feels confident that had the operation been done at the time of first rupture her life would have been saved. He also cited a case which occurred a number of years ago, when at the post-mortem examination a foetus was found within the peritoneal cavity.

Dr. George H. Earl said, "While it is impossible for all of us to be prepared to operate upon cases of extra-uterine pregnancy, yet I feel it the duty of every physician to be able to diagnose and intelligently advise these cases. Among the symptoms which will be of assistance in establishing the diagnosis are the common reflex and breast symptoms of pregnancy and fitful discharges of blood *per vaginam*, and pain. Women in healthy pregnancy should not flow. When this occurs they should be examined." He humorously remarked that all his cases of extra-uterine pregnancy have proved to be either normal deliveries or ovarian cysts.

Dr. Walter Wesselhoeft said, "In all my practice I have only seen three cases of extra-uterine pregnancy. Case 1 advanced to three months without abnormal symptoms, when suddenly the patient was seized with bleeding and died within five hours. This, I believe, to be an unusual case. Case 2: When I reached this patient death had occurred. Case 3 progressed to six months without abnormal symptoms, when flooding occurred, and I was summoned to attend a case of placenta præ-

via. I found the uterus small with a tumor beside it. The patient was operated on and died.

Dr. Conrad Wesselhoeft. I consider paralysis in Dr. Emerson's case an exceptional feature, probably due to either a rupture of a cerebral artery or embolism.

Dr. Horace Packard spoke as follows: "In cases of extra-uterine pregnancy there are critical periods. If the rupture in the Fallopian tube occur upward, there are severe symptoms indicating great hemorrhage. If rupture occur in the inferior segment of the tube, then there is a large accumulation of blood within the folds of the broad ligaments, but this gradually becomes limited and the symptoms are less severe than in the former variety. If the foetus remains viable, electricity should be employed for its destruction, and await further developments. If the foetus continues to grow, there will be a rupture through into the peritoneal cavity.

Dr. W. L. Jackson briefly cited a case wherein the rupture occurred downward between the folds of one of the broad ligaments, successfully treated by the galvanic current.

The concensus of opinion is in favor of the galvanic current for such a condition.

"Surgical Treatment of Uterine Fibroids" was the subject of a paper by Dr. Horace Packard.

#### DISCUSSION.

Dr. J. W. Hayward spoke as follows: "I was taught that uterine fibroids were benign and that patients suffering from them would recover. My very first case resulted fatally. Many cases do not recover. I believe in the power of the indicated remedy, and have given calc. carb., calc. iodide and various other drugs without being able to reduce or control the growth sufficiently, and because of the failure of all these remedies in any consecutive number of cases, I am not satisfied with medical treatment. I believe Dr. Packard is stating what he believes, but I must disagree with him in some particulars. I consider cases do die from fibroids just as surely as from cancer. I also feel that there is a chance to do much more for this condition than we have hithertofore accomplished. I have seen tumors stop growing at the menopause, but they will not then diminish in size. Sub-mucous fibroids cause so frequent and profuse hemorrhage, with such great debility, that only a few will pass the climacteric. Dr. Packard referred to the low mortality following the spoon-saw operation in these cases. This operation has proven more serious in my hands than almost any operation and the mortality has been greater. I do not see how we can get adhesion of serous surfaces without inflammation. I have seen

inflammation occur in patients with fibroid tumors with rise of pulse, temperature, etc. I believe a hysterectomy can be made with almost as much safety as an ovariectomy. The per cent. of mortality, if cases are taken at the proper time, will not much exceed that in ovariectomy. It is my opinion that in cases where a uterine fibroid is sufficiently advanced to be recognizable before the age of forty, it should be removed. Five years ago, I believed very much as Dr. Packard evidently does, but since the great improvements which have been made lately in operative measures, I favor early removal."

Dr. A. J. Baker-Flint said: "You cannot have my cases of uterine fibroids to operate upon. I have had a large number of these cases which I have treated successfully. Only one case died from flooding. As a usual thing hemorrhage is controlled, the size of the tumor reduced and general condition improved under electrical and medical treatment."

Dr. W. L. Jackson was called upon and said: "I am very glad to have the opportunity to express my appreciation of Dr. Packard's able and candid paper. I have been much impressed by his liberality toward methods of treatment in this disease other than surgical. As he has said, there need be no hurry in most cases of fibroid tumors in resorting to heroic measures, especially as we have in electricity so satisfactory a resource for the relief and cure of this malady. All who have followed Apostoli in his clinic, can bear witness that he is able in many cases to control hemorrhage and pain and in some even to cause a diminution in the size of the tumor. Even if electricity fails to dissipate the tumor, it may relieve the patient of her most distressing symptoms, and, although she is not anatomically perfect, she may be practically a well woman. No case should be subjected to the knife until electricity has been faithfully applied, for its skilful use can work no injury and may effect a cure."

Dr. N. W. Emerson spoke as follows: "This discussion comes very near to me. There has been so much said to-night that I do not believe. It is not so much a question whether the patient will live or die, as it is whether she live in comfort, or a daily death. I feel that the mortality following operation can be kept below five per cent."

Dr. Hayward said further that he had known of twenty-five consecutive cases of operation for uterine fibroids without a death. Some of them were in such an exsanguinated condition that they could not possibly have lived twelve months.

On motion of Dr. M. W. Turner it was voted to adjourn, to meet March 21st to complete the programme.

J. EMMONS BRIGGS, *Sec'y.*

*HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN  
MASSACHUSETTS.*

The eighteenth annual meeting of the Homœopathic Medical Society of Western Massachusetts was held at the Massasoit House in Springfield, on March 20.

The business session was called to order at 11.30 A. M. and the following officers were elected for the ensuing year: President, George F. A. Spencer, M.D., Ware; 1st Vice President, J. H. Carmichael, M.D., Springfield; 2nd Vice President, B. A. Sawtell, M.D., Enfield; Secretary and Treasurer, Dr. Elmer H. Copeland, Northampton; Censors, W. F. Harding, M.D., Westfield; E. D. Fitch, M.D., Worcester; A. J. Bond, M.D., Adams.

Clara N. Sweet, M.D. and George Rhoads, M.D., of Springfield, were elected members. Five new names were proposed for membership.

At the scientific session which followed immediately, Dr. J. H. Carmichael presented a very able and interesting paper on "Suppuration," which was discussed by several members present.

A short reception followed the scientific session, after which the banquet was served to which forty members and invited guests sat down.

The following is the list of toasts:

"Toastmaster," Elmer H. Copeland, M.D., Northampton.

President's Address, Geo. F. A. Spencer, M.D., Ware.

"Our Colleges," I. T. Talbot, M.D., Boston.

"The Diagnosis," T. J. Putnam, M.D., North Adams.

Poem, N. W. Rand, M.D., Monson.

"The Treatment," J. Heber Smith, M.D., Boston.

"The Nutmeg," E. B. Hooker M.D., Hartford.

"The Clergy," Rev. F. L. Goodspeed, Springfield.

"The Medical Profession," St. Clair Smith, M.D., New York.

"The Prognosis," J. P. Rand, M.D., Worcester.

"Surgery as an Art," Wm. Tod Helmeth, M.D., New York.

Drs. Hooker, Carmichael, Cushing and Packard were called upon and responded with a few well-chosen remarks.

At 5.30 P.M. the meeting adjourned well pleased with the success of the banquet which was the first held in the history of the Society.

E. H. COPELAND, *Secretary.*

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PHYSICIANS IN EVENING DRESS. — A correspondent of one of the daily papers expresses his indignation because some of the physicians "in the 400" make it a practice to wear evening dress after six o'clock in the evening. He doesn't say how he would like to see them attired, but he could hardly expect them to don pajamas at that early hour. — *Med. Record.*

## REVIEWS AND NOTICES OF BOOKS.

## RELATIONS OF DISEASES OF THE EYE TO GENERAL DISEASES.

By Max Knies, M.D. Edited by Henry D. Noyes, A.M., M.D. William Wood & Co. New York : 1895. 450 pp.

This translation gives us a work complementary to Dr. Knies' book on the eye and its diseases, and is valuable as a reference for all diseases. He does not claim that the eye is at fault in every disease, or even that there is always a close connection between the disease of the organ affected and that of the eye. He simply points out that certain affections of the eye are liable to occur, directly or indirectly, from certain diseases of other parts of the organism. About half the book is devoted to the relations of diseases of the eye to the nervous system. Then diseases of the skin, digestive, respiratory, circulatory, urinary and sexual systems, poisons and infectious diseases are taken up in turn. The moderation of the author may be seen from the following excerpts :

"The relationship of skin diseases to affections of the eye is comparatively simple. We have to deal either with direct extension from the skin to the eye and *vice versa*, or with a coincident or successive appearance." Diseases of the lids and mucous membranes are then referred to. Of the digestive organs he says that the relations between diseases of this system and the eye are slight, and the same of the respiratory organs. Under the circulatory system only the abnormalities in amount and circulation of blood and direct diseases of heart and vessels are considered, changed constitution of blood, as anæmia and hydræmia, being classed with constitutional anomalies and infectious diseases, to which the last hundred pages of the book are given. The different forms of albuminuria are discussed with their relations to affections of the eye. From the chapter on diseases of the sexual organs may be quoted the opening paragraph. "We have to consider not only the relations of the eye to morbid processes, but also to certain physiological conditions such as menstruation, pregnancy, parturition, childbed, etc. We will also take up certain affections of the new-born, which are connected with the process of parturition."

Of the one hundred poisons referred to in connection with eye disturbances, are the following : Aconite, Alcohol, to which five pages are devoted, Amyl Nitrite, Antifebrin Antipyrin, Atropine, Arsenic, Chloroform, Cocaine, Digitalis, Gelseminum, Hashish, Iodoform, Lead, Morphine and Sulfonal. In this chapter the homœopathist may find therapeutic hints of great value.

DISEASES OF THE CHEST, THROAT AND NASAL CAVITIES. By E. Fletcher Ingalls, A.M., M.D. William Woods & Co. New York: 1894.

This work, now in its third edition, is a book of 660 pages with 240 illustrations. The first four chapters are devoted to methods of physical examination and a comparison of conditions found in health and disease. Seven chapters on pulmonary disease follow, in which the paragraphs on the anatomical and pathological conditions of each disease are particularly clear. The author then takes up the heart, and first gives attention to the normal anatomy and physiology before referring to the pathological conditions. A few very interesting pages are given to the consideration of the sphygmograph with copies of tracings of normal and diseased pulse-beats, showing the unreliability of such tracings as diagnostic, due to the difficulty in adjusting the instrument so as to exert an invariable pressure at all times. Diseases of the throat and nose are treated of in the remaining half of the book, with frequent reference to instruments and appliances.

All through the book a most desirable feature is the tabular comparison of similar diseases, showing at a glance the differential diagnosis. It is certainly a valuable book both for the general practitioner and for the specialist.

A CLINICAL MANUAL: A GUIDE TO THE PRACTICAL EXAMINATION OF THE EXCRETIONS, SECRETIONS AND THE BLOOD, FOR THE USE OF STUDENTS. By Andrew MacFarlane, A.B., M.D., New York and London: G. P. Putnam's Sons. 134 pp.

The urine, blood, stomach contents, pathological fluids and pathogenic micro-organisms are treated of in this work. Under the consideration of the urine, which occupies about half of the book, urinary calculi and spectroscopic urinalysis, beside the more common tests, are rather carefully treated and the subject closed with an interesting diagnostic table of diffuse diseases of the kidney. A detailed description of the Thoma-Zeiss apparatus and method of counting red-blood corpuscles, is given under the study of the blood. Contents of ovarian cysts, ascitic fluid, etc., are referred to. Bacilli of tuberculosis and diphtheria, among others, are studied in the last chapter, and the book closes with a few plates of blood mounts, crystals, etc.

LABORATORY GUIDE FOR THE BACTERIOLOGIST. By Langdon Frothingham, M.D., V. Phila.: W. B. Saunders.

This small book of sixty pages is adapted, as the title shows, for laboratory use, and is a collection of directions for methods

of staining, preparation of nutrient media and imbedding materials. Preceding these is a chapter on bacteriological technique, including a description of working outfit, methods of cleaning and preparing slides, etc. It should prove a convenient companion in the bacteriological work-room.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION: ITS SYMPTOMS, NATURE, SEQUENCES, TREATMENT. By George M. Beard, A.M., M.D. Edited by A. H. Rockwell, A.M., M.D. New York: E. B. Treat. 1894. Third Edition.

A book of 250 pages devoted to the subject of Neurasthenia ought surely to be helpful to the more thorough understanding and treatment of this peculiar and trying condition. The author gives a most careful and detailed enumeration of symptoms, covering over one hundred pages; calling attention to the importance of a full knowledge of all symptoms to success in treatment, and also to the fact that there are no two parallel cases. The following may be quoted from the chapter on treatment:

1. The treatment should be constitutional, with special attention to local manifestations whenever they become severe.
2. Dependence should be placed, not on any one exclusive mode of treatment, but, rather, on a combination of various methods, local and general.
3. The treatment should be occasionally changed according to the needs of the patient.

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### MISCELLANY.

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IN puerperal convulsions, when the spasms are apparently under control, look out for a return of the spasms, if the pupil remains contracted.

A TOMBSTONE in Burlington, Ia., has this stanza:

Beneath this stone our baby lays,  
He neither cries nor hollers;  
He lived just one and twenty days  
And cost us forty dollars.

IT has been discovered that the famous tree from the bark of which quinine is obtained furnishes no quinine except in malarial regions. If a tree is planted in a malarial district it will produce quinine; if it is planted in a non-malarial district it will not produce quinine. It is therefore claimed that quinine is a malarial poison, drawn from the soil and stored up by this wonderful tree. — *Med. Times*.

YELLOW FEVER MARTYRS. — Dr. H. R. Stout, of Jacksonville, Fla., asks to correct a statement recently made in a New York journal, to the effect that a certain physician of the former place was the only one who remained during the yellow fever epidemic of 1888. Dr. Stout says: "All the physicians of the city, with one exception, remained here, and not only that, but most of us had the disease, and four of our number laid down their lives serving their fellow men. — *Med Review*."

**SYMPTOMS CAUSED BY THE ELECTRIC LIGHT.**—Freeland (*British Medical Journal*, No. 1700, p. 234) has reported the case of an electrician, who was suddenly seized with intense pain in both eyes and severe headache. The eyes were suffused and the conjunctiva congested. There was marked photophobia and partial blepharospasm. The skin was hot and dry. The temperature was 102°. The free instillation of a five per cent. solution of cocaine was soon followed by a subsidence of the pain and a desire to sleep. After little more than an hour, however, the man became wildly delirious. The administration of fifteen grains each of potassium bromide and chloral was followed in half an hour by quietness and sleep. An ice-bag was applied to the head. The man slept for several hours, meanwhile perspiring quite freely, and on awaking felt much refreshed and was quite rational, although somewhat shaky. The pain in the eyes and head had gone, but the eyes were still suffused and injected and intolerant of light. The temperature was normal and the skin moist. The man was kept in a dark room for the remainder of the day, and on the following morning was able to resume his usual occupation. It was learned that he had had charge of a powerful electric search-light and had neglected to wear protective goggles.—*Med. News*.

**A TRUE STORY.**—A correspondent sends the following, for the truth of which he vouches: A young doctor who began his practice in Texas, west of Houston, was called to a confinement case in which he, being green and nervous, naturally had some trouble, the patient seeming unable to make the supreme effort for final expulsion. The only other occupant of the wretched quarters was an old crone in a sun-bonnet, who was silently but steadily rocking herself near the foot of the bed. Finally the old woman croaked out, "Doc, I wouldn't bother any longer with that woman, I believe I'd quill her and have done with it." The medical man not knowing what "quilling" meant answered that he did not quite see the necessity for that yet. The old woman repeated this suggestion several times, until finally the nervous, exasperated man turned angrily on her and said, "Madam, I'll be d——, if I will do it. If you want to quill her you can do so, but I won't." The crone took from the wall a turkey wing, and drawing a feather from it proceeded to fashion something like a long quill toothpick, and filling this with snuff from her own private stock leaned over the patient, and as the next pain came blew the snuff into the woman's nostrils. Quick as a flash the woman responded with a giant eezeze and the child was born with a sneeze. "Thar," said the old woman, radiantly, "I knowed mighty well that thar bust would make her break her holt." And it did, to the great instruction of the attending physician.—*Medical Record*.

**REPRODUCTION OF THE UTERINE MUCOSA AFTER CURETTING.**—Bossi (*Gaz. degli Ospedali*) gives the results of his experiments and clinical observations on this subject. In 1884, Duvelius examined and reported on the uteri of two cases in which hysterectomy had been performed two and four months after curetting, and in each case the mucosa was completely reproduced. Bossi endeavored to find approximately the minimum time that the uterine mucosa takes to reproduce itself so as to be physiologically active after curetting. By direct examination of the uterus in three cases where hysterectomy had been performed twenty-five, twenty-seven and fifteen days, respectively, after a previous curetting, he was able to affirm that in each case the mucosa was completely reproduced, so that from these three cases he arrives at fifteen days as a minimum limit. In seven other cases he fixed upon the first menstrual period after curetting as a sign indicating that the uterine mucosa was physiologically active; in these cases he found that normal menstruation occurred twenty, nineteen, eighteen, twenty-one, twenty-two and seventeen (two cases) days, respectively, after curetting. Reckoning the first fecundation followed by full-term pregnancy as a more certain sign that the mucous membrane has been healthily reproduced, Bossi found that in seven cases fecundation occurred twenty-five, twenty-eight, twenty-seven (two cases), twenty-six and twenty-nine days after curetting. Experiments on dogs gave a considerably longer period for repair; this was probably due to the greater severity of the operative technique on animals. Notwithstanding the evidence of these figures, Bossi would still recommend a period of at least sixty days' sexual rest after curetting.—*British Medical Journal*.

## PERSONAL AND NEWS ITEMS.

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OUR FAITH.

[Read by Dr. N. W. Rand, of Monson, Mass., at the Annual Meeting and Banquet of the Homœopathic Medical Society of Western Massachusetts.]

As comrades of a scattered band,  
At war against disease and death,  
We meet to grasp the friendly hand,  
And re-affirm our common faith.

We re-affirm, but not abuse,  
The sacred rights for which we stand—  
The right to take, the right to use,  
The best our wisdom can command.

We bow unto no man the knee;  
We brook no ancient, iron creed;  
Our attitude is — Loyalty  
To Truth wherever she may lead.

Whate'er of worth the fathers wrought  
We gladly, gratefully confess;  
Nor prize we less the latest thought  
That comes humanity to bless.

We honor age, — we honor youth, —  
We honor every class or clan  
That bravely battles for the truth  
And for the betterment of man.

Nor care we what the means, or whence,  
In which restoring power we find —  
From matter, or the more intense  
And subtle potencies of mind.

From earth, or air, or sun or seas,  
Or from the lightning's lurid breath, —  
We care not, so they heal disease  
And stay the awful hand of death.

If this be "dogma", "narrow", "blind",  
With dear old Whittier we say:  
"Pray for us, that our feet may find  
Some broader, surer, better way."

Albeit this our faith holds fast —  
The kindlier method, known as ours,  
Above the crudeness of the past,  
Like Calvary over Sinai towers!

The long-used lancet lies at rest;  
The leech bides in his native flood;  
And ne'er again at man's behest  
Shall they regale on human blood;

The cruel thirst of time ago  
Is lost in crystal water quaffed;  
For Hahnemann has lived — and lo!  
The fevered lip hath cooling draught!

All honor to that gracious name!  
Nail it aloft before our sight,  
Among the noblest sons of fame,  
In characters of living light!

But Heaven forbid that we should boast  
Over our bit of knowledge gained,  
It seems so swallowed up and lost  
Besides the boundless unattained.

The unattained! Stupendous word!  
What visions in its face we see!  
And in its syllables are heard  
What whisperings from futurity!

It points us to a golden day  
Wherein man shall so comprehend  
Great Nature's laws, — and so obey, —  
That all disease shall have an end.

A day when gladness grief shall drown,  
And dirge to delectation rise,  
And prophylaxis win the crown  
From therapeutics' envious eyes.

A day when time, exempt from fears,  
Shall sit so lightly on the brow  
That man shall round an hundred years  
As gracefully as sixty now.

Perchance he may on earth remain  
So long as he prefers to stay,  
Then take some through, aerial train,  
And like Elijah whirl away!

Indeed we cannot apprehend  
The wonders we may yet behold,  
When blood of horse and man shall blend  
As in the Centaurs, famed of old!

When wicked germs no more shall dare  
To stifle babies at the breast,  
And all the microbes of the air  
Have been forever laid at rest.

When people, of whatever "school",  
Shall cease to "dose" (if cease they  
can;)  
And learn that Nature, as a rule,  
If not abused, is true to man.

'Tis coming! Yes, we dare to hope,  
Though doubt should every point be-  
set;  
The culture tube and microscope  
Will solve the mighty problem yet.

'Tis coming — the protecting light  
Of higher knowledge yet to be —  
As sure as stars come out at night,  
Or rivers reach the sounding sea!

'Tis coming! Expectation thrills  
At thought of triumphs pressing on,—  
Look! Even now the eastern hills  
Are bannered with the flags of dawn!

"What will the doctors do?" Ah me!  
The fact is I had quite forgot  
About them. Well, now let us see  
What can be done with such a lot.

They cannot live on treasured spoils;  
For, if they were to look around,  
The sole results of many toils  
They'd find—low buried in the ground!

I hardly think they'll try to preach,  
Though that is easy, — so they say;  
And they're too modest far to teach —  
(For any wage committees pay.)

And should they e'er become so bold  
As to incline the law to try,  
They'd fail; because like George of old,  
They could not tell — another lie!

Perhaps they may take up the pen,  
Though it is hard to understand  
How such meek, unobtrusive men  
Could meet the newspapers' demand.

They might pervert the public taste  
By serving up past social sins  
In language covert, coy, and chaste,  
And "catchy" like "The Heavenly  
Twins."

Indeed they'd only need announce  
A plan to publish half they know,  
When every scamp would square ac-  
counts  
And beg them not expose him so.

And cash would come like leaves of  
Spring;  
For thousand who had failed to "call"  
Would tremble like the ancient king  
At sight of writings on the wall.

"The doctors?" They'll be let alone—  
Allowed to sleep the whole night  
through,  
And live like monks on a throne  
*Without a single thing to do!*

DR. FRANK L. NEWTON has removed his residence and offices to 147 Highland Avenue, near Central St., Somerville.

DR. GEORGE FRED LEWIS, class of '90, B. U. S. M., has removed from Dartmouth, Mass., to 325 County St., New Bedford, Mass.

DR. FLORENCE MARY TAFT, class of '87, B. U. S. M., formerly located in Connecticut and later in Chicago, has settled at No. 19 Austin Street, Newtonville, Mass.

DR. JOHN L. COFFIN has given up general practice and will now devote his time to the treatment of diseases of the skin. Office in the Woodbury Building, 229 Berkeley Street, Boston.

MESSRS. LEATH & ROSS, homœopathic chemists of London, have removed their business so long carried on at 5 St. Paul's Churchyard to larger and more convenient premises in Jewry House, 27 and 28 Old Jewry, E. C.

It may be of interest to our readers to know that the death of Mr. A. J. Tafel, of the firm of Boericke & Tafel, will make no difference in the business of that firm, which will be conducted by the surviving partners on the same lines as in the past. The corps of employees remains unchanged.

DR. H. A. HOUGHTON has changed his residence from 12 Cordis St., Charlestown, to No. 136 Marlboro Street, Boston, where he will have office hours until 8.30 A.M. and from 6 to 7.30 P.M. Will usually be at the Charlestown office at 9 A.M. and from 1.30 to 3 P.M. Has associated with him, at his Charlestown office, 12 Cordis St., Dr. Lizbeth D. Miller.

THE NEWTON SANATORIUM receives the class of patients who usually go to sanatoriums. The benefits of hospital care are furnished, such as expert medical care and skilled nursing together with the great advantages of privacy and home life. The terms are fifteen dollars a week upward. Inquiries should be addressed to Dr. N. Emmons Paine, West Newton, Mass.

# THE NEW-ENGLAND MEDICAL GAZETTE.

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## COMMUNICATIONS.

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### ADDRESS DELIVERED AT THE ANNUAL MEETING OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY BY THE RE- TIRING PRESIDENT.

J. P. SUTHERLAND, M. D., BOSTON, MASS.

#### *Members of the Massachusetts Homœopathic Medical Society:*

One year ago, by your kind and friendly suffrages I was elected to the honorable and enviable position I occupy to-day, that of president of this Society. To say that I appreciate the very great honor conferred upon me is but most imperfectly to voice either the gratitude I feel or the pride and the happiness which that honor has given me. I was prevented, by a sore bereavement, from attending the last annual meeting of the Society, and I have not therefore had, until the present moment, a fitting opportunity to offer you my sincere and heartfelt thanks for your gracious and kindly consideration in bestowing upon me the highest mark of esteem and confidence in the power of the Society to bestow.

The responsibilities of this high position have been fully realized by me, and my efforts have been to faithfully discharge the duties devolving upon me. I am desirous of saying at this time that these responsibilities have been most generously shared by the members of our executive committee, and that my personal efforts to further the interests of the Society have been effectively seconded by them, so that the work of the Society during the year has progressed smoothly and successfully. To those who have shared these responsibilities with me, and to all who have so willingly given assistance, I wish publicly to acknowledge my indebtedness and extend my cordial thanks. It is only by thus harmoniously and unselfishly working together that the best interests of the Society can be subserved, its power for good made strong, and our common cause advanced. For such deficiencies on the part of your president as may have un-

fortunately, certainly unintentionally, marred his year of service, he craves your indulgent pardon.

Of the work done by the Society during the year it is unnecessary to say much. The semi-annual meeting in October last was a pronounced success, the attendance being unprecedentedly large and continuous, and the interest unflagging during the two days' session; the number and value of the papers read and the discussions dependent thereon were creditable, and ranked easily with the best in the history of the Society. The bureau work of the Society is now so large that the two days' session at both the annual and semi-annual meetings seems not only a necessity, but an established custom. As the contributions increase in value and number it may, before long, be deemed advisable to preserve them in permanent form and so return to the recently abolished custom of collecting them into an annual volume of transactions. For historical purposes such a custom is invaluable.

During the year which at the close of this session will form part of our history, the Grim Harvester has been at work in our midst and has gathered unto himself those whom we could ill afford to lose, veterans staunch and true, pillars of the Society, —Dr. Charles H. Farnsworth, Dr. Denton G. Woodvine and Dr. Liberty D. Packard. Their faces and voices were familiar to us all, made familiar by their faithful attendance at all the meetings of the Society and their readiness to draw upon their wide and long experience for hints and suggestions which might prove of valuable service to their colleagues. They manifested that earnestness in society work that always encouraged the weak-hearted, and by their cheeriness, faithfulness and wise counsel they proved themselves towers of strength, steady and reliable. We mourn their loss and cherish their memories.

The year which has passed has been rich in incidents, any one of which might with profit be recalled for consideration. To refer to simply a few of these incidents:

### *The Relations of the Laity to the Profession*

might occupy our attention profitably for a few moments. There is made evident by significant symptoms a growing tendency on the part of the laity to mould medical practice to accord with its own ideas. This is manifested in different ways:

- I. Apropos of the treatment of diphtheria. To such an extent has the public been informed on the subject, and such is the force of public opinion that once the diagnosis of diphtheria is made the treatment settles itself. Anti-toxine *must* be in-

jected. The patient, represented perhaps by his relations or friends, is quite as likely to insist on the treatment as is the physician. The public mind has been as thoroughly educated in this direction as pictures and vivid descriptions can insure. Newspaper and magazine articles on the "great discovery" have been numerous, and all the technicalities of the production of, and all the details as to the uses and effects of, the new specific have been set forth with painstaking elaboration and precise attention to minutiae, even to the reproduction of photographs of laboratories and of the manufacturers themselves.

We might pause to note the indecent haste to attain notoriety that has been exhibited by those physicians (scientists?) who have contributed such articles to popular magazines. Such haste is neither creditable to medicine nor of real utility to the laity.

2. The laity as represented by enterprising manufacturing chemists is exercising an astonishing influence on medical practice. The pills, the tablets, the powders, the digestive ferments, the dietetic preparations, the antiseptics and the formulas and specifics of one sort and another that are prescribed in accordance with the directions of the manufacturers will, judging from attainable evidence, probably equal in number, and certainly exceed in harmfulness, all the original prescriptions written by the profession.

It is sometimes amusing, sometimes depressing, to listen to the eloquent stories told by the representatives of these manufacturers, laudatory and descriptive tales recited with the assurance and monotonous accuracy of modern machinery. Of course A.'s productions are invariably superior to B.'s, the difference being pointed out with convincing clearness. "Beware of imitations" is now so universal a warning that the original article is beyond identification, and the only safe course for the physician would seem to be to have nothing to do with either A.'s or B.'s nostrums.

3. The laity, as represented by the Legislature, is now seriously considering the advisability of introducing Keeley Cure into a state institution—i. e., the laity proposes to dictate the treatment to be carried out by the physicians in charge of such institution. Of course, the laity's representatives know all about the cure; I do not mean from personal experience, but from the accounts they have read of it in the newspapers.

Such instances are sufficient to illustrate the point I wish to make—that the relations between the profession and the laity are gradually undergoing a significant change.

#### *Board of Registration in Medicine.*

Differing somewhat in nature from the preceding, but nevertheless bearing upon the relations of the profession to the laity,

is the law enacted less than a year ago concernig the regulation of the practice of medicine. This measure originated with the laity, the profession acting simply the part of an interested but not intruding observer. With the provisions of this law you are all familiar. With the results you may not be. I therefore give you statistically some of these results:

Whole number of applicants up to Jan. 1, 1895..4,395

Whole number of certificates issued.....3,775

Whole number of certificates issued to graduates  
in medicine.....3,441

Whole number of certificates to "practitioners" of  
three years' standing..... 333

Since January 1, 1895, there have been 162 applications for registration. Certificates have been issued to 92 of these applicants. Of this number 41, being graduates of a Massachusetts school, were exempt from examination; 44 being graduates of recognized schools outside the state, were exempt from examination, and 7 received certificates after successfully passing an examination before the Board. Of the remaining applicants, 70 in number, 4 have been rejected after examination, 36 have been examined and are "awaiting results," and 30 are "awaiting examination."

As to the internal workings of the Board there is, on good authority, said to be "unanimity of sentiment and action" and a cordial desire not only to maintain the dignity of the Board and of the law, but an intention to faithfully and justly interpret the law and execute its provisions. Rumor saith that owing to the recognized purpose and ability of the Board to fulfil its mission "the Arabs are silently stealing away" to unprotected pastures.

### *Inspection of Foods and Drugs.*

Brief reference might be made to the quiet, efficient and useful work being accomplished by the State Board of Health in its department devoted to the inspection of foods and drugs. This is a matter of vital concern to the laity as well as to the profession, and one in which all citizens of the Commonwealth should take a live interest. It should be a matter of pride that Massachusetts leads all the states of the Union in the thoroughness of her work in this direction, as well as in the liberality of her annual appropriations for carrying out her policy of guarding the public health as effectively as possible.

During the twelve months ending March 1

6,730 analyses of food and drugs were made.

2,404 adulterations in foods and drugs were discovered; the majority having to do with milk, a little over 50 per cent of all specimens examined falling below the required standard;

102 complaints were entered against offenders; and \$2,834 in fines were imposed and collected.

These facts tend to confirm the assertion that the Board of Health of Massachusetts is an active though not a noisy institution.

### *Vaccination and Vivisection.*

During the year the laws in relation to vaccination and re-vaccination have been made more strict, in spite of the protests made by opponents of the practice, and compulsory vaccination seems to have become more firmly entrenched legally than ever before in our state.

Vivisection is a subject which has ever excited the warmest sort of argument. It has frequently been the object of fanatical opposition. Among its opponents may be found many members of the medical profession. It is mentioned now because of the organized effort being made to wholly suppress it, and because of the influence of sentiment rather than of knowledge or reason in originating and guiding such movements. It behooves members of the profession to thoroughly acquaint themselves with the exact extent and character and all the possibilities of the vivisection practised to-day, and, with reasons based on intimate knowledge of the subject, to utilize every opportunity to correct false impressions possessed by the laity, and to establish intelligent ideas in their stead.

The foregoing are a few of the more vital questions of general interest which in a retrospective glance claim each a moment's attention.

A few points of national and international importance which should interest us especially as homœopathic physicians call more or less emphatically for brief notice.

### *The American Institute of Homœopathy.*

On account of its near approach, its wide influence, its scientific importance and its locality, I may be permitted to remind you that the next meeting of the American Institute of Homœopathy is to be held in June at Newport, R. I. The committees appointed for the purpose have been actively engaged in arranging for the meeting, and their well-laid plans stimulate expectancy to a high degree. New England homœopaths owe it to their reputation to give the Institute a hospitable welcome, and to insure the success of the meeting by furnishing the largest possible attendance. It is twenty-six years since the Institute held a meeting in New England (1869). A generation has grown to maturity during the interval, and homœopathic physicians in New England

have increased in numbers from about 400 or 500 to 1,229. Of that number it is not too much to expect five hundred to attend the sessions of this powerful national body. New England physicians are represented in the Institute at the present time by only 223 members: Maine, 17; New Hampshire, 10; Vermont, 7; Massachusetts, 137; Rhode Island, 17; Connecticut, 35. This number should be increased to at least 600.

As a matter of local pride, as a matter of pride in the growth and success of a national organization, as a matter of devotion to a worthy common cause, New England homœopathists should unite their energies toward making the June meeting the most memorable one in the history of the Institute.

### *International Homœopathic Congress.*

In this connection I might also remind you that only one short year hence the Fifth Quinquennial International Homœopathic Congress will be held in London. The time will soon be upon us, and it is not too early to lay plans for a short trip over seas. The possibilities of these Congresses in demonstrating to the world not only the tenacious vitality of homœopathy, but its irrepressible growth, need not be enlarged upon; and the benefits to be derived from attendance at and earnest participation in such gatherings are recognized by all.

### *The New Homœopathic Pharmacopœia.*

A matter which is of far greater importance than its scanty advertisement would seem to indicate is the proposed national homœopathic pharmacopœia. Unfortunately, its completion has not yet been announced, but assurances reach us that work on it is being vigorously pushed, and before the present year has rolled by, the appearance of the work may be confidently expected. As you all doubtless know, the object of the new pharmacopœia is to bring about a much needed uniformity in the manufacture of homœopathic drugs, and a revision of nomenclature in accordance with modern scientific terminology. The absolute necessity of having all drugs (tinctures, dilutions, triturations and the various preparations originated by and characteristic of homœopathy) produced by uniform methods and representing a uniform standard strength is too apparent to need comment. As is well known, there has been a marked difference in the drug strength of certain mother tinctures, and therefore of the low attenuations made therefrom, as manufactured in different laboratories and sold in different cities. The possibilities of danger arising from the use of these lower potencies as obtained in various sections of the country, and the misunderstandings and inaccuracies dependent on these variations, will be avoided by the adoption of the new rules and standards.

The physician who has a scientific interest in his work will rejoice in the success of the enterprise and will regret that our pharmacopœia could not have been made international in character.

### *The Hahnemann Monument.*

To one other subject which should be a matter of national pride to homœopathists I wish to call your attention. This is the proposed monument to be erected in Washington in commemoration of Samuel Hahnemann and his noble and beneficent work for humanity. To successfully achieve the end in view there has been and must be coöperation of laity and profession. At a recent meeting of the committee of the American Institute of Homœopathy having the matter in charge a model was selected and the contract awarded.

Already the sum of twenty thousand dollars has been subscribed, but twenty thousand dollars more will be needed to defray the inevitable expenses connected with the erection of such a memorial.

For, let it be widely known, this monument is to be, in the appropriateness, the harmony, the artistic purity and the originality of the design, in its æsthetic and highly classical suggestions, and in its beauty as a work of art, second to none in this country.

While, individually, Massachusetts homœopathists have already contributed a considerable sum as their share in the memorial (about \$600), I venture to suggest that our own State Society should be heard from. Massachusetts quite as often sets as follows an example, but in this instance it is too late to set the example; all she can do is to follow in the footsteps of other states in offering a contribution to this worthy object. No lengthy appeal should be needed to point out the propriety of such commendable action on the part of the Society, and I dare to hope that this annual meeting may not come to an end before a definite and substantial appropriation for this purpose has been made.

### *The Westborough Investigation.*

To turn for a moment to matters of a more purely local character and interest. Congratulations are still in order upon the successful and creditable termination of the recent "Westborough Investigation." The incidents connected with the matter are so fresh in your minds that only a slight reference is needed to recall them. It is enough to say here that the most searching investigation failed to reveal any faults in the care or treatment of the patients or in the administration of affairs at the hospital. A special committee of this Society is to present to you a statistical review of the work done at Westborough

since its inception and a comparison of this work with the work of other similar state institutions during the same period of time. This report will show that we have reason to be proud of the record of the only state institution under our charge.

### *New England Hahnemann Association.*

One other incident remains to be referred to, and this, though not the least in significance, has been purposely withheld to the last. This incident, wisely utilized, might be made to mark the origin of an epoch of influence and prosperity hitherto unequalled in the history of homœopathy in Massachusetts and New England. I refer to the formation of the New England Hahnemann Association. This association, though primarily devoted to commemorating the birth of Hahnemann, is secondarily pledged to the support and advancement of the higher medical education. Its purposes have been made known to you all. Its future is, to a great extent certainly, in your hands. Of the birth and career of Hahnemann we shall probably hear something this evening. Of medical education I purpose to speak briefly at this time, and I earnestly beg you to bear with me patiently while I imperfectly and perhaps disconnectedly present a few reflections on this all-important and vital subject.

### *Medical Education.*

Medical education is the acquisition of knowledge of things connected with the science and art of medicine.

The practical object of medical education is to store the mind with reliable and useful facts, so that the healing art may be successfully practised.

The real object of a medical education should be to develop the student's powers of accurate observation and logical reasoning, for without these things there is no possibility of progress in the science or art of medicine. Self-reliance and originality are certainly quite as essential to the ideally successful medical life as to any other, for, as has well been said, "The medical man who has not acquired the faculty of thinking and interpreting for himself has missed his vocation." Passive, unthinking imitation of an authority or a fashion, the hasty adoption of unproven, though often emphatically made, suggestions have done much to impede the true progress of medicine; and this unfortunate state of affairs can be overcome only by developing these four qualities of mind—powers of accurate observation, of logical reasoning, of self-reliance and of originality.

Education in medicine also embraces the cultivation of all the senses. Touch, sight, hearing, smell, taste, all should be cultivated to the highest possibilities of their development in order to

increase the power of accurate observation—the *sine qua non* of true progress in medical science and art.

The question which naturally confronts us whenever our thoughts are turned into these channels is, What are the methods which will accomplish the double object of proving acceptable to students and developing in them the qualities already mentioned?

In order to answer this question it is necessary to consider the factors which enter into a medical education. These may be enumerated as follows:

1. Teachers and methods of teaching.
2. Facilities, such as buildings, laboratories, apparatus, etc. at the disposal of teachers.
3. Students, their quality and purposes.

Let me ask you to consider for a moment the subject of teachers and methods of teaching.

It is commonly supposed that teaching in a medical school is, or should be, an exceedingly simple affair, because "scientific subjects," established facts, are presented to students whose minds are supposed to have been sufficiently developed and trained to readily assimilate the facts presented. This might be so if medicine were a fixed and definite science, and the other factors were equal to the task. Medicine, unfortunately, is not a stable and positive science, although it includes some sciences. Medicine is of complex composition, and its ingredients are some knowledge, a great deal of theory, and more or less practice. Therefore, its teaching is not the simple thing it might seem to be to the uninitiated. Indeed, the complex demands of a physician's life are so infinite in extent and variety that preparation for them by any method of teaching would seem to be almost an impossibility. If the old paraphrase, "Doctors are born, not made," were only true it would greatly simplify the whole subject, for then "medical education" would be unnecessary.

As to the teacher, however, much might be said, but limited time permits only the following brief allusions to this factor in the problem. Certain existing impressions as to the qualities which go to the making of a teacher being erroneous, might be corrected in passing.

Being a successful physician does not imply being a successful teacher of medicine. Being one of a coterie interested in the establishment of a medical school does not signify that one is a good teacher. Anxiety to be connected with the faculty of a medical school does not establish one's ability to teach. Belonging to a hostile faction which needs conciliation does not insure one's being a desirable teacher. Practising a specialty does not prove that one can teach creditably even that spe-

cialty. Interest in and love for a subject may help to make a teacher's work effective, but cannot, unaided by other factors, make that work a pronounced success. Instinct alone will not accomplish the object in view.

In addition to instinct, to an interest in and love for a given subject, to the fact that teaching may be a recreation or a pleasure to the teacher, it is absolutely essential that the teacher should be thoroughly versed in the simplicities and intricacies of his subject. To be successful the teacher needs an extraordinary supply of sound common sense, abundant tact, good nature, quick sympathy, an intuitive apprehension of the mental and moral calibre of the class and the individual needs of each student's mind; for the teacher, as well as the prescriber, must individualize.

It is not to be overlooked that teaching is an art to be improved upon by special study and training, even by those who possess the most favorable endowments or who are, as we say, "naturally gifted."

Teachers even in our primary schools must have passed through special training in a normal school and demonstrated their fitness and ability to teach. If this is demanded for such elementary work, what should be required of the would-be teacher in that most important department, the medical school? Thoughtful discussion of this subject would result in benefit to all interested in medical education.

A word as to methods. A good workman may be able to do excellent work with inferior tools, but he can do better work with superior tools. So with teachers—the better the methods, the more successful will be the results of their work.

The methods made use of to-day in medical teaching are: 1, the lecture; 2, the recitation; 3, the demonstration; 4, the quiz; 5, the laboratory.

### *1. The Lecture.*

The traditional lecture course is receiving less hearty support year by year from those who speak or write on this subject of education. Nevertheless, the lecture system is a necessity at present, and it subserves several useful purposes and cannot be dispensed with.

By means of a systematic course of lectures the student is offered descriptions or narratives of related diseases or subjects, and is carried methodically from one subject to another, imbibing historical data and theoretical knowledge according to his own powers of assimilation. By such a course a student has an opportunity to learn something of a subject and frequently, perhaps usually, learns more by such a method than he would by individual reading. The average medical student has but scant

time for collateral reading, and it is an exceptional student who succeeds in reading even one text-book through to the end. The lecture has one great advantage over the reading of a single text-book by the student, and it is this that gives it its chief value. The carefully prepared lecture presents more than the contents of a single text-book; it offers the student what in the judgment of the lecturer is the best and most reliable information to be found in many text-books, plus the results of his individual experiences and possibly the results of original experiments and investigations conducted by himself. The more marked the individuality of the lecturer, the more impressive will his discourse be. And it might be mentioned here that the conversational method of speaking without notes, or with only occasional reference to notes, makes generally a more lasting impression on the minds of his audience than the finished reading of even a finely prepared lecture.

The urgent demand is being made by physicians and students that clinical instruction shall supplant the lecture course, and a commendably responsive effort to meet this demand is being made by college faculties; but clinical material is not yet sufficiently abundant and varied to furnish the systematic instruction now covered by the methodically arranged lecture system.

## 2. *The Recitation.*

Efforts are being made in certain schools to displace the lecture by the recitation. The recitation is unquestionably an exceedingly elementary method of work; and it seems strange that while the method is being abolished as far as possible in elementary schools it should be advocated as a desirable system to introduce into medical schools. Without attempting to specify all the objections to this idea it may be stated, and easily demonstrated, that the recitation method as ordinarily followed, by exalting the mere memory over the reasoning faculty, is destructive of originality and detrimental to the development of the individual. Knowledge dependent on memory alone is aptly termed "canned science" and, like most canned goods, lacks quality and flavor. Memory, of course, should be cultivated, but not at the expense of reason and self-reliance.

A student may be able to repeat verbatim paragraphs or pages from a text-book and make an excellent showing in the recitation; and yet that student may know next to nothing of the real thing itself that is under consideration. Students should be taught that books are not infallible, although some books may be exceedingly reliable; that books are used chiefly for the sake of methodical theoretical instruction and are made use of simply as conveniences and references; that mere book-

knowledge must be reënforced by practical and actual knowledge of the subject studied. The recitation method by exalting the memory subverts the real object of medical education which, as has been said, is to develop students into reasoners, thinkers, original, independent and reliable investigators, and not mere memorizers.

Patients do not always correspond to text-book descriptions, and the practitioner of medicine has to do with sick men, women and children who have a way of exhibiting individual peculiarities that defy text-books. Therefore students should be taught by methods which will enable them to read Nature's own language; which will enable them to unravel the complex problems presented by diseased humanity; and too free use of the recitation is not the most useful method for this purpose.

Three hundred years ago William Harvey, who "took nothing for granted that could be experimentally proved," advocated methods of medical instruction to which we of this generation have not grown up. He formulated the maxim that "Nature herself is the most faithful interpreter of her own secrets," and claimed that "Man must study anatomy from the fabric of Nature herself and not from the decrees of philosophers"; and yet to-day we hear of efforts being made to introduce the recitation as a desirable method in medical instruction.

It may be taken for granted that no single method is sufficient to furnish a thorough education in medicine; but the combination of the three natural and effective methods,—the demonstration, the quiz, and the laboratory (or clinic),—furnishes a system that cannot but yield ideal results. This combination treats a subject from the two standpoints of analysis and synthesis. In the lecture-hall or amphitheatre the thing or subject is analyzed, described in detail; in the laboratory or clinic the subject, approached chiefly from the side of detail, is put together, as in the examination of a patient and the making of a diagnosis. The lecture is theoretical; it takes a thing for granted. The demonstration gives a practical exhibition of the thing itself, which is described first as a whole and then studied as to its minute and characteristic features. The recitation implies the answering of questions, by repeating something which has been committed to memory. The quiz (seriously considered) is a critical examination of a student as to his actual knowledge of the thing under consideration.

In the school, it may be claimed in a general way, things are studied analytically. In actual practice, as far at all events as diagnosis is concerned, results are obtained by synthesis. A diagnosis reached by this analytical process is confirmed, in case of doubt, by reasoning by exclusion. For instance, a patient, a child, presents a condition of slight ophthalmia, coryza,

bronchitis, marked fever and a peculiar eruption. These signs put together make a disease called, let us say, measles. Doubt is raised by the suggestion that the trouble may be scarlet fever, typhus fever, erysipelas or eczema. But the complex of symptoms characteristic of each of these diseases, on careful analysis and comparison of the symptoms with the case in hand, is found to present so many points of difference that these diseases are, one by one, excluded from consideration, and the original diagnosis is confirmed. These same processes, by the way, are made use of in prescribing homœopathically. These same methods also may be made use of in all departments of medical instruction.

To illustrate the points I wish to make, let me briefly refer to methods I have personally made use of in the anatomical department of Boston University School of Medicine for some years past.

### *3. The Demonstration.*

A bone, for example, being the object studied. A specimen of the bone is put into the hands of each student, who is thus able to follow intelligently the instructor's description of the gross and minute points characteristic of the bone. In this way the macroscopical architecture of the bone is disposed of. If the subject for study be an organ,—the liver, for instance,—its size, shape, location, relations, surface topography and gross morphology are first demonstrated and described, and then its histology is studied by means of rapidly drawn diagrams and the exhibition, possibly, of microscopical sections.

### *4. The Quiz.*

A few days or weeks after studying the vertebræ, let us say, fragments of these bones are distributed to the class, and the students are critically questioned as to their knowledge of said fragments. If they recognize the fragment there is no doubt about their knowing the bone as a whole.

In the same way, after studying the intestinal tract short sections of different portions of the tract are removed, cut open, perhaps, and exhibited for identification by the class; a task which is not as simple as it may appear to be.

### *5. The Laboratory.*

As a result of my experience I would say that the histological laboratory offers opportunities for the development of the student's faculties of observation and reasoning that are not surpassed by any other department in a medical school. It has been claimed that "Nothing so trains the hand to good surgery

as careful dissection." It might be claimed that no training so fits the student for accurate, profitable, original investigation and for the intelligent, discriminating practice of his chosen profession, as the training obtainable in a microscopical laboratory. Here demonstration and quiz, analysis and synthesis, comparison and differentiation, all have the freest scope.

Effort is made to develop the best possibilities of the laboratory as follows: The histology of tissues and organs has been previously described in the lecture, and sections exhibited as frequently and fully as is consistent with the possibilities of amphitheatre work. The primary object in the laboratory is to study, to the point of complete familiarity, the minute structure of tissues and organs, and not simply to mount as large a number and variety of specimens as time will permit. Far better to study and thoroughly learn the characteristics of five specimens than to simply look at and mount fifty. Therefore each section given to a student is made to the utmost extent a field for original investigation by withholding from him any knowledge or hint as to what the specimen is a section of. He is then expected to study the specimen, and in order to insure thoroughness of observation he is required to draw a picture of what he sees. In all biological laboratories where advanced methods are used, the sketch-book and pencil are considered absolutely indispensable, on account of the concentration of attention needed to reproduce pictorially what one is looking at. Agassiz, the famous naturalist and teacher, was an enthusiastic advocate of this use of the sketch-book if he did not actually introduce the method into laboratory work.

After mounting, studying and sketching the specimen, it is looked upon as a case in practice, and the student is requested to make a diagnosis, being encouraged by a series of questions to state the reasons upon which the diagnosis is made. Differential diagnosis is also insisted upon. The questions here propounded to each student are intended to be of such a nature as shall show, beyond the possibility of doubting, by the answers given to them, just how much or how little the student knows about the tissue or organ studied.

It is claimed that these methods, patiently used, will not only give the student a lasting and actual knowledge of the tissues and organs of the animal body, but which is of the first importance, will also prepare him, in direct proportion to his coöperation, for dealing successfully with the practical work of his future life as a physician.

We have not time to discuss, even in the briefest way, that important factor in medical education, the general facilities such as buildings, laboratories, apparatus and "material" of various sorts, so essential to sound scientific teaching. Enough to say

that, in consideration of the endless variety and perplexing character of the innumerable problems constantly presented to the physician, the student needs the universe for a laboratory and eternity for the course. However, the ideal not being as yet obtainable, we get along as best we can with the facilities at our disposal.

In conclusion, allow me a word as to the remaining factor in medical education,—the student.

I am not yet convinced of the truth of the cynical aphorism that, "Formerly students were prepared for their life work; to-day they are prepared for their examinations"; although there may seem to be some foundation for such a pessimistic utterance.

Much is said and written about advancing the standards of medical education, about making the instruction more thorough and practical; and college faculties are frequently censured for this or that lack of, or imperfection in, methods and facilities which may not be at present within their control. It is frequently thought that a desire to study medicine is equivalent to ability to succeed in the undertaking; but in a moderately well equipped medical school the standards, opportunities and facilities generally are distinctly ahead of the desires and abilities of the majority of the students. Students are not always like sponges, eagerly absorptive by nature, or like urns, into which an instructor may pour a certain quantity of knowledge. They are human, presenting the mixed ideals, motives and abilities characteristic of the race.

Preparation for the medical course cannot be too wide or thorough. But the motives which induce a student to enter a medical school have much to do with the ardor and enthusiasm, the diligence and thoroughness, with which he performs his duties, as well as with the success which attends his efforts. He should be helped to realize that medicine is the special province for the exercise of altruism, that philanthropic spirit which regards the necessities, well-being and happiness of others as worthy one's chief endeavor. It should be instilled into his mind that medicine is the noblest of professions, but the meanest of trades; that to be worthy of his noblest opportunities demands the best qualities of mind and heart; that the commercial spirit should be, ethically at least, secondary to a love of knowledge.

The ideal student, like the ideal instructor or the ideal physician, or even the ideal man, may not yet be annoyingly prevalent among the products of our modern civilization. But he is coming. Of that I feel sure from my experiences with, my knowledge of, and my affectionate interest in the species.

I believe it to be among the duties of the members of this Society to use their utmost endeavor to further the cause of medi-

cal education; and one of the most certain methods of accomplishing this result is to so influence potential or kinetic medical students, by precept and example, that they may approach more nearly to the ideal, diligent, energetic, thorough, high-principled student whom we like to portray, and upon whom the future of our noble profession depends. A near approach to the ideal is perhaps more easily attainable than the pessimistic are wont to think, and with our energies bent unyieldingly toward accomplishing the improvements we desire in teachers, in methods, in facilities and in students, the future of the profession we hold so dear is safe and assured.

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*REPORT OF A SERIES OF THIRTY-ONE CASES OF DIPHTHERIA TREATED BY ANTI-TOXINE SERUM.*

BY WILLIAM C. CUTLER, M. D., CHELSEA, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

Diphtheria anti-toxine serum has now reached a stage of development, in the opinion of a majority of the profession, which practically takes it out of the experimental realm as an antidote and places it in an impregnable, hence permanent, position among the most reliable specific therapeutic agents in the armamentarium of the physician. Unlike its prototype, tuberculin, anti-toxine has more than fulfilled the claims of its eminent discoverers. Its use by the profession in this country does not extend beyond the period of twelve months, yet the serum has become very generally the subject of complimentary mention by all physicians, excepting, perhaps, a comparatively limited number.

That it is a specific, when properly administered, for that most direful and oftentimes fatal infectious disease, diphtheria, is acknowledged by all who have given it a fair and impartial trial.

The writer commenced its use in November, 1894, at a time when the production was very limited, and herewith records the treatment of thirty-one cases in all stages of the disease.

In a large proportion of the cases recorded in detail in this paper, cultures were made of the diseased products and affirmative reports obtained.

I shall endeavor to simplify this report by dividing the cases into three groups, and classifying them as follows:

First, Cases injected within the first forty-eight hours of the disease.

Second, Cases injected in the later stages of the disease.

Third, Cases of laryngeal stenosis where intubation or tracheotomy was performed.

The last mentioned present some very interesting features, and contribute a larger volume of evidence toward establishing the value of anti-toxine than those not treated mechanically. It may be added that these instrumental cases, except one, of which mention will be made, were all treated in the Rufus S. Frost General Hospital, and were injected late in the course of the primary disease.

It is believed that the results obtained from its use at the earlier dates when these cases occurred, would have been even more brilliant, had the anti-toxine, then at our command, been of stronger quality. As it was we were forced to accept such as could be secured in the market, at first Behring No. 1, chiefly used for immunizing purposes. Later the New York Pasteur Institute began issuing serum of similar strength, but in larger doses—Behring No. 1 containing 10 c. cm., while that of the Pasteur Institute contained 25 c. cm. These were the only preparations of diphtheria anti-toxine to be obtained.

Early in December, soon after beginning my experiments, I was forced by illness to abandon them for a full month. During this interim Dr. Leeds, my colleague, carried on the work. His cases, some twelve or fifteen, are included in this report.

To give the remedial agent full credit for benefits resulting, it will be noted that no local treatment to the throat was resorted to in any of these cases, but consisted only in the application of such simple constitutional remedies, of a supporting character, as are usually prescribed under similar conditions.

#### GROUP FIRST.—*Case No. 1.*

M. H., Revere, aged ten years. Was taken very ill November 19. Vomiting continued two days. On the morning of the second day cervical glands showed some enlargement, which increased rapidly through the day; temperature 104, pulse 156. There was much œdema of the tonsils and uvula. Patient very delirious; breath, exceedingly offensive; evidences of membrane in nasal passages. On the morning of the third day the posterior pharyngeal wall as well as the tonsils was covered with membrane. Child still very delirious. 10 c. cm. Behring's No. 1 was injected at 9 o'clock in the morning. At 7 in the evening the temperature had fallen to 102, pulse 145, less delirium, color improved, child taking sustenance better. Membrane seemed to be elevated at its edges. About midnight, on waking the child for nourishment, it was observed to choke suddenly, become cyanotic and immediately suffocate, a piece of membrane having been drawn into the larynx. Medical aid not being at hand the patient could not be resuscitated. Since this accident others of the same nature have

been noted by various writers. Hence it becomes important to remove all loose membrane with forceps as it appears, for after the use of anti-toxine the membrane exfoliates in scales rather than by dissolving, as is the case where the remedy is not used.

*Case No. 2.*

Catherine H., Brookline, aged five years. This was a younger sister of Case No. 1. She was removed immediately, but had been infected and became ill November 21. Pulse 156, temperature 104.4-10, tonsils inflamed and swollen, inflammation extending on to the hard palate; membrane appeared on both tonsils, covering about one-third of the glands; cervical glands not much enlarged; child delirious and vomiting. Ten c. cm. Behring's No. 1 was injected on the first day of illness. Temperature became normal the second day after injection; and the patient was discharged in ten days cured excepting a slight attack of urticaria, lasting three days. In this case a culture was made of the secretion of the throat, resulting in discovery of the true diphtheria germ.

*Case No. 3.*

S. H., aged five years. Illness commenced December 9 with the usual symptoms, sore throat, fever and vomiting. December 10 membrane covered both tonsils, much glandular enlargement, intense redness of the mucous membrane surrounding the patches; child was delirious most of the night. Twenty-five c. cm. Pasteur Institute serum was injected December 10, second day of illness. Temperature and pulse became normal in two days; absence of membrane on third day. Patient discharged in five days. No sequelæ.

*Case No. 4.*

M. A., aged five years. Entered Rufus S. Frost General Hospital December 27, with membrane extending over the posterior wall of the pharynx and both tonsils. Temperature 102½, pulse 150. The urine showed considerable albumen. Twenty-five c. cm. Pasteur Institute serum was injected immediately. December 29 temperature became sub-normal, pulse 80, more albumen in the urine. Otherwise the patient improved and walked about the ward, but died five days later with acute nephritis.

In looking over the chart and accompanying remarks of fourteen more cases contained in this group, I find the conditions previous to and those following the injections so nearly alike that I will not extend this paper by reporting them in detail. A composite temperature chart could be made of them

collectively, the line commencing at 103 at the time of injection and becoming normal in three days, and the throat practically free from membrane. All recovered with no sequelæ, except in six cases, where urticaria appeared, lasting three or four days. A culture was made in eight cases with affirmative results, in one case negative result, and the remaining five were not subjected to examination.

#### GROUP SECOND—*Case No. 1.*

H. C. Patient taken ill December 7 with vomiting and sore throat; continued growing worse until the 12th, when he was examined by Dr. Leeds, who describes his condition as follows: Glands of neck enormously large. The tonsils, uvula and a portion of the hard palate were covered with membrane, which also existed in the nasal passages from which he was secreting a profuse foetid discharge; temperature 102, pulse 150. Injected 25 c. cm. New York Pasteur Institute serum, which was followed almost immediately by improvement. This continued for three days, when the temperature became normal, throat entirely free from membrane, nasal passages entirely cleared up. In this case the membrane covering the uvula came away in the form of a cast. The patient discharged cured in nine days. No sequela.

#### *Case No. 2.*

B. J., fourteen years. Taken ill December 25. When first seen by the physician December 30, tonsils and pharynx were covered with membrane, gland considerably enlarged, membrane in the nasal passage; temperature 103, pulse 120. Injected December 30 25 c. cm. New York Pasteur Institute serum. Temperature became normal on second day after injection. Throat entirely cleared on the fourth day. Patient discharged cured seventh day after injection.

#### *Case No. 3.*

O. S., five years old. Taken ill December 26; persistent vomiting which continued two days; sore throat, high fever. Continued growing worse until fifth day, January 1. At this time the fauces, pharynx, uvula and a portion of the hard palate were covered with false membrane. The nasal passages appeared to be filled with the same; glands enormously swollen, pulse weak, 160; temperature, 102; patient seemed thoroughly intoxicated with the poison; apparently approaching a condition of coma; finger nails had become blue. Was then injected immediately with 25 c. cm. New York Pasteur Institute serum and but very little improvement followed. In the afternoon of the same day 15 c. cm. more was given; on the morning of the sec-

ond day better color was indicated; temperature 102, pulse 140. At this time 10 c. cm. additional serum was injected, making 50 c. cm. in all. After the last injection the patient improved rapidly, membrane commenced exfoliating and had disappeared on the third day after first injection. In this case a large piece of membrane became partially separated, the edge falling over and obstructing the glottal opening with each inhalation. The child became partially asphyxiated and cyanotic. Dr. Leeds being in attendance was able to remove the loose membrane with forceps, while that portion covering the uvula came off showing a complete cast of that organ. The child made a very rapid recovery from that date, excepting a slight vocal paralysis which ran the ordinary course of that sequela.

*Case No. 4.*

P. M., age two years. Entered Rufus S. Frost General Hospital January 24. On the fifth day of the disease the fauces and posterior wall of pharynx covered with membrane, nasal passages discharging foetid secretion, lymph glands very much enlarged. Pulse 140, temperature 103. Injected January 24 with 25 c. cm. New York Pasteur Institute serum. January 27 temperature became normal; throat entirely clear, noticeable absence of glandular swelling; child sitting up interested in and busy with toys. In this case, like most of those treated with anti-toxine, the temperature became normal two days before the pulse.

*Case No. 5.*

Fred B., twenty-five years, February 12. This man lived in the family where a child had been ill with diphtheria. When first seen it was thought he would have only a light attack, but as it progressed grave symptoms developed. The membrane increased very rapidly, and on the fourth day had covered the tonsils and pharynx and seemed inclined to penetrate the larynx. Croup seemed imminent. He was injected on the fourth day of his illness with 25 c. cm. New York Pasteur Institute serum. The membrane ceased to increase and in twenty-four hours its edges began to roll up, coming off entirely forty-eight hours after injection; patient recovered very rapidly and was discharged four days after injection.

No cultures were made of the diseased membrane from these five cases, the severity of the local and constitutional manifestations of the disease making, in our opinion, the diagnosis correct; nor were they in any sense selected, but were all the advanced cases of the disease which fell into the hands of two physicians during a period extending from November 19, 1894, to April 1, 1895.

## THIRD GROUP.

This group consists of eight cases. In seven, intubation was performed; in one, tracheotomy.

*Case No. 1.*

A. L., East Boston, December 3. Patient of Dr. Frank C. Richardson. The writer was called to assist in intubating on the fifth day of the disease. Temperature 102, pulse 150. Immediately after introducing the tube, 25 c. cm. New York Pasteur Institute serum was injected, followed by marked improvement in the patient's general condition. Glandular enlargement decreased. In forty-eight hours after first injection 25 c. cm. more serum was injected. On the third day the membrane had disappeared from the throat and nasal passages. The tube was then removed and not again inserted. Glandular swelling entirely disappeared on the fourth day. The child refused all nourishment and gradually failed, dying from apparent exhaustion on the eleventh day. A culture was not made for the reason that an affirmative report had been received of cultures taken from the case from which this one was contracted.

*Case No. 2.*

E. R., seven years. Entered the Rufus S. Frost General Hospital January 19 for operation on fifth day of the disease. Throat entirely covered with filthy, sloughing membrane; glands enlarged; temperature 103, pulse 140. Twenty-five c. cm. New York Pasteur Institute serum was injected after tracheotomy had been performed. Recovery proceeded with no interruption. Tube removed on seventh day. Patient discharged from hospital in two weeks.

*Case No. 3.*

H. W., 18 months. Entered hospital January 25, with membranous croup. No membrane visible. Respiratory stridor very marked; physician sending child in was of the opinion that all effort of whatever nature would not avail and that the child would die before morning. It was intubated at once, 25c. cm. New York Pasteur Institute serum injected, a glass of sterilized milk fed through nasal tube, and then placed in bed. Slept well until awakened for nourishment. The tube was removed in two days and child taken out of the infectious ward in five days from date of entering.

*Case No. 4.*

T. M., three years. Entered hospital February 2 in a cyanotic condition. Respiration very rapid; temperature 103; pulse

could not be counted. No particular physical examination of the patient was made prior to intubation, which was performed immediately. The tube relieved the laryngeal stenosis, but the respiration continued very rapid, 80 per minute. Auscultation revealed broncho-pneumonia. The patient died six hours after intubation.

It would appear that this case might justly be excluded from the number treated by anti-toxine, for the patient was dying with broncho-pneumonia; yet the fear of being open to the charge of selecting cases compels me to add it to the list.

*Case No. 5.*

B. J., two years, February 10. Membraneous croup. Second day of illness. No visible membrane; extreme respiratory stridor; some cyanosis; temperature 102, pulse 140; intubated at once, 10 c. cm. Behring's serum injected; temperature and pulse kept up until morning of second day, when they began to fall, and at 7 o'clock in the evening temperature was a trifle sub-normal, pulse 110. On the morning of third day the tube was removed and the child rapidly recovered.

*Case No. 6.*

J. Mc., eleven months, February 26. Sent into hospital with membraneous croup for intubation. No membrane; child partially cyanotic. Intubated and given 25 c. cm. New York Pasteur Institute serum. Immediately after this it was given a glass of sterilized milk through a nasal tube and placed in bed. Slept two hours quietly, following which there was gradual reaction and the patient was fed entirely for two days through a nasal tube. Intubation tube removed when temperature became normal two days after intubation. Recovered without incident.

*Case No. 7.*

A. K., one year. Entered hospital for operation February 28. On examination no membrane could be found in throat or nasal passages. Child was reported to have been croupy several days. When suffocation seemed imminent it was sent into the hospital, intubated at once and given 25 c. cm. New York Pasteur Institute serum; tube removed in two days. Child recovered rapidly and discharged in ten days.

*Case No. 8.*

M. M., two years. Rufus S. Frost General Hospital, March 31. Remnants of disorganized membrane existed over both tonsils; respiration very difficult; temperature 103, pulse 140;

intubated and 5 c. cm. Aronson's serum given; tube removed on seventh day and child recovered without incident or accident.

All intubated cases treated in the hospital since February 26 have been fed once in four hours through nasal tubes. I am indebted to Dr. Frank Richardson for suggesting the use of nasal tubes in intubation cases, and I consider this method of feeding the solution of the question of nourishment. A soft rubber Nelaton catheter No. 7, will do for a year-old infant; when well oiled it slips very easily through the nasal passage. When it has reached about three inches within the œsophagus a small tunnel is inserted in the opening and the milk slowly poured into the stomach. The feeding can be accomplished without suffering to the child or trouble to the nurse, and requires much less time than by the ordinary methods, particularly if the child objects to taking nourishment by the mouth as is usual in diphtheria. When the intubation tube is in position fluid cannot be given in any position the child may be placed, without a few drops entering the tube; in this case coughing will result. The presence of foreign substances, like milk, in the larynx, often raises the temperature of the patient several degrees, as shown in one of these cases. When the nurse gave the midnight food with a teaspoon, coughing followed, as a few drops would inevitably go wrong. Two hours after this temperature rose from normal to 103, with respiration 70 per minute; two days later this experiment was again tried with the same results, except that respiration became 80 times per minute; not only would I practise nasal feeding in intubation cases, but in all cases of diphtheria where the patient refuses to take food by the mouth.

The percentages of recoveries shown in this group is certainly phenomenal, and would seem to settle the much mooted question of the identity of what has been called membranous croup with diphtheria. Six of the group were entered on the hospital books as membranous croup, two under a year old, one eighteen months, yet with anti-toxine and intubation six out of eight recovered—75 per cent.

Physicians who have made anti-toxine a special study and who have administered it in a large number of cases generally agree that a full dose of serum should be administered when the case is first seen, then if the progress of the disease is not abated on the second day another full dose should be given. The membrane will generally be observed to roll up at edges within 24 hours of the first injection and in many cases begin to drop off on the second day. Usually a marked change can be detected in the condition of the patient within three hours of injection. Where the face was pallid, previous to the use of the remedy, it regains color in a very few hours, and at the same

time a distinct lessening of the foetid odor will be apparent. If œdema of glands exists it generally disappears rapidly and it is not unusual for them to become of normal size in two days. In most cases the patient begins to call for food in two days.

If the serum is injected in sufficiently large doses during the first two days of the disease, the membrane, I believe, in every case will cease to extend, therefore all fear of laryngeal complications following may be dismissed.

The urticaria so often mentioned in connection with serum therapy follows in about one-third of the cases, and this applies generally, regardless of the source from which the serum is obtained.

The eruption gives rise to a troublesome itching for a few days, but entirely disappears.

In no one of this series of thirty-one was there local infection shown at the point of injection. Patients all complained of considerable tenderness, and in many cases there appeared, within twenty-four hours, a circumscribed redness, but no abscess.

Immunization was practised in four cases. Two brothers of one of the cases recorded in group 1 were injected with 7 c. cm. New York Pasteur Institute serum, January 28. Temperature of both arose in twenty-four hours to between 102 and 102½, the patients continuing ill for three or four days. They were then permitted to occupy the room with the sick child every day. On March 15, forty-six days after immunization, both became ill, vomiting, fever and sore throat; upon examination both tonsils were found to be covered with membrane; in one case it extended into nasal passages. Both were injected with 10 c. cm. Behring's serum and recovered, following about the same course as did those injected in the earlier stages. Cultures in these cases resulted in showing the Klebs-Loeffler bacilli. Two others were immunized with 3 c. cm. Behring's No. 1 serum. No temperature reaction followed, and immunization obtained to date, now four weeks.

There were one hundred and seven cases of diphtheria reported to the Board of Health of Chelsea, with twenty deaths, between November 10 and April 1.

Twenty-seven of the thirty-one cases constituting this series, with two deaths, were within the city limits. Taking these twenty-seven cases out of the reported one hundred and seven leaves eighty. Reducing the mortality of twenty by the two deaths which occurred in the series leaves eighteen; this makes the general mortality 22½ per cent, and leaves our series, consisting of twenty-seven cases and two deaths; making our mortality 74-10 per cent. Had the intubation cases been treated outside the hospital without anti-toxine the city's mortality

would have been above 30 per cent. It will be observed that the mortality in this list has been wholly among the intubated cases and those treated late in the course of the disease. The only one appearing in the earlier stages was the result of an accident, while one of the intubated cases was in the last stages of broncho-pneumonia when the operation was performed. If we exclude those two deaths but two remain, one of which died of acute nephritis, which existed prior to treatment, and one only dying from the direct effect of toxic poison was injected on the fifth day of the disease.

It will be seen from the cases reported in this paper, coming under my immediate and personal professional care, that far-reaching and almost phenomenal results, tangible and substantial, have been secured through the direct agency of anti-toxine serum in the treatment of diphtheria. That it is a specific there can be no doubt. Thus early in its practical use this has been demonstrated and substantiated in innumerable cases, thus more than realizing the hopes and expectations of those in the profession who have faithfully tested it for the benefit of the afflicted and the advancement of medical science in the treatment of this form of disease. I feel it is incumbent upon us to encourage still further research and investigation which will not only enable us to hold fast that which has been secured but will also illumine the pathway to greater developments. The true seeker for knowledge in this or any other calling should enter the field free and unbiased, casting off the yoke of superstition, exclusiveness and arbitrary authority, in view of possible satisfactory results, remembering that conditions change, while circumstances and surroundings frequently become potent factors in shaping them practically and hence may necessitate the application of new methods, not perhaps recognized, which will prove a means to an end, in the effort to solve complicated problems.

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#### *THE SURGICAL TREATMENT OF DIPHTHERIA.*

BY J. EMMONS BRIGGS, M. D.

[*Read before the Boston Homœopathic Medical Society.*]

The condition calling for surgical interference in the course of diphtheria is dyspnœa. The obstruction to breathing is due to the formation of true or pseudo membrane in the larynx or trachea, varying in degree from a slight narrowing of the passage to complete occlusion.

It is in these cases of true diphtheria where the Klebs-Loeffler bacillus is present, and in cases of pseudo diphtheria where there is extreme dyspnœa threatening suffocation, with its conse-

quent sub-oxygenation of blood, that the surgeon is called upon to perform intubation or tracheotomy.

Dyspnœa may occur at any time during the progress of the disease—due to the extension of the diphtheritic membrane from the pharynx or to the primary appearance of the membrane within the larynx; when this latter condition occurs it is frequently considered croup, and the true gravity of the disease not realized.

When should the operation be performed? It is evident that in order to obtain the best results the operation should be performed fairly early—that is, before the system is poisoned by carbonic acid gas and the patient completely exhausted by prolonged and excessive effort at respiration. If the conduct of the case were entirely in the hands of the surgeon early operation would undoubtedly be the rule; as it is, procrastination is the rule, and the surgeon is rarely summoned until dyspnœa is exceedingly severe, and it becomes evident to the physician and family that death is imminent unless resort is had to surgical measures.

The question often arises whether it is wise to operate upon severe cases in view of the small per cent. of recoveries reported. It seems to me the patient should be given the benefit of the doubt and relieved as far as possible from the danger of suffocation. Even in fatal cases the relief obtained from operation in every case where the membrane does not extend below the tube, is most gratifying.

Which operation shall be performed, intubation or tracheotomy? Tracheotomy is the old and tried operation. We have among our number to-night the surgeon who performed the first successful tracheotomy in America. I refer to our esteemed colleague, Dr. I. T. Talbot. Tracheotomy is, however, attended with several disadvantages:

- a. It requires the administration of an anæsthetic.
- b. It necessitates assistants.
- c. It is an operation of considerable severity, especially in young children. It is sometimes attended with troublesome hemorrhage.
- d. The consent of the family can rarely be obtained until very late in the case.
- e. The care of the patient after the operation is more than after intubation.
- f. The freshly incised wound is likely to become contaminated.
- g. The rate of mortality is 6 per cent higher, as shown by statistics, which will be given later.

Intubation was introduced by O'Dwyer in 1885, and since its introduction has revolutionized the surgical treatment of

diphtheria. It has certain recognized advantages over tracheotomy, viz.:

- a. It is done without an anæsthetic.
- b. It can be done without assistants.
- c. It is an operation quickly and easily performed, especially in children.
- d. The consent of the family can almost invariably be obtained when they are told that the operation consists of simply slipping the tube into the larynx and necessitates no cutting.
- e. The care of the patient is more simple than after tracheotomy.
- f. There is no wound to become infected.
- g. The results obtained are at least 6 per cent better than from tracheotomy.

The statistics\* from which I quote are the latest published, being a tabulated report of 242 surgeons, giving an aggregate of 2,417 tracheotomies with 586 recoveries, or 24.2 per cent; and 5,546 intubations, with 1,691 recoveries, or 30.5 per cent.

In view of the preceding facts it seems to me there can be little question as to the advantages of intubation over tracheotomy. Of course, if the surgeon could know the obstruction to be below the larynx tracheotomy would then be the operation. Such knowledge is, however, impossible before operation, and the surgeon should perform the operation of intubation in all cases. If this fails to relieve he may then have recourse to tracheotomy with some degree of hope, though when intubation fails comparatively few patients are benefited by tracheotomy. Only seventy cases have been reported, with eleven recoveries. Secondary tracheotomy has been found to be required in only about one case in one hundred intubations.

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#### SYMPHYSIOTOMY IN MINOR PELVIC CONTRACTION.

BY MAURICE WORCESTER TURNER, M. D., BROOKLINE, MASS.

[*Read before the Boston Homœopathic Medical Society.*]

In considering the subject of symphysiotomy, or the Sigaultian section in minor pelvic contraction, I shall not include a description of the operation, with which you are all familiar, and which belongs more especially to the section on surgery. While symphysiotomy is not new, yet as a procedure in slight pelvic narrowing it is of comparatively recent adoption. Division of the symphysis, in minor contraction of the pelvis, is advocated by some of the most skilful obstetricians, while others, equally expert, advise reliance on the forceps and version, reserving

\* Brooklyn Medical Journal, August, 1894.

symphysiotomy for cases in which diminution of the pelvic measurements is more marked. What I have to say on the subject is, of course, suggested by my individual experience with a few cases of slightly contracted pelvis in which the results, while good, have not been, to my mind, entirely satisfactory. Some of these cases I will report, very briefly, later.

First, I wish to emphasize the following proposition,—that between forceps at the brim and podalic version, internal or combined there is little to choose as far as bad results are concerned, in cases of moderate pelvic contraction, or in what amounts to the same thing, when the diameters of the foetal head are large in proportion to those of the pelvis and the head refuses to mould, perhaps from advanced ossification of the cranial bones. Of course, we understand that high forceps and version are simply different ways of attaining the same end, i. e., delivery of the child, and while indicated under different conditions it is the fact that the same consequences are likely to obtain in either operation, to which I wish to call particular attention, and also that the use of forceps does not avoid the bad effects which are likely to follow version, neither does version avoid the bad results which often follow instrumental deliveries, so that while one operation supplements the other in the way of overcoming certain difficulties, the supplemental relation does not include the after effects.

Among the bad results of these operations are three which are most important; they are:

1. Septic infection, which is possible in either operation in spite of great care on the part of the operator.
2. Injury to the soft parts is certain, especially in high forceps cases, is often serious, and may even prove fatal.
3. The prognosis is grave, particularly for the child, as extreme pressure of the forceps on the head, or asphyxia, from slow delivery, as in version, are equally prone to cause death.

Statistics (*Cyclopædia of Obstetrics and Gynæcology*, vol. iii., p. 127,) show in 51 forceps cases a loss of 35.29% of the mothers, and 54.90% of the children; and in 21 versions, 23.80% of the mothers and 66.60% of the infants died, in pelves measuring 3.9 in., and over, in sacro-sub-pubic diameter, or at least 3.5 in. in sacro-pubic; and 216 spontaneous deliveries, in pelves with the same measurements, with a mortality of 13.88% of the mothers and 15.74% of the infants; and in pelves from 3.9 to 3.5 sacro-sub-pubic or 3.5 to 3.1 sacro-pubic in 60 forceps cases a loss of 28.33% of the mothers and 31.66% of the infants; in 15 versions 26.66% of the mothers and 80% of the infants, while in 84 spontaneous deliveries only 9.52% of the mothers and 36.90% of the children were sacrificed.

These cases, probably, include a variety of positions of the head, occiput posterior as well as anterior, and the contraction, particularly in the second class, is much greater than in the cases of which I am about to speak. Statistics such as these, compiled from hospital cases, undoubtedly make a better showing than the same cases would in the hands of the general practitioner, on account of the aseptic conditions being more perfect and attention and care also being better. Both operations are indicated in pelvic obstruction or contracted pelvis, or when the head is large and ossification far advanced and only slight moulding of the head is possible. Version is to be preferred before the liquor amnii has escaped and when the head is movable above the brim, and if dilatation be complete the conditions are correspondingly improved. When the head cannot be disengaged or when the uterine contractions render version impossible recourse must be had to the forceps. The foregoing résumé of the indications for each operation is especially applicable to the following cases:

Case 1. Primipara; conjugate of brim, 4-in.; L. O. A.; pains severe; head slowly engaged and became impacted immediately after entering the pelvis; forceps applied and child delivered dying; circumference of head (sub-occip-breg.) 12 in.; head much out of shape and ossification far advanced; laceration of cervix and perinæum; no infection; mother made a slow recovery, which I attributed to the general bruising.

Case 2. Same patient; second child; a repetition of first case; head impacted and refusing to descend, forceps were applied at brim; child alive, head not as large as in first case, and ossification not more marked than normal; laceration of perinæum; no infection; recovery. This case illustrates the usual experience in the second confinement where the first labor has been difficult and the child lost.

Case 3. Primipara; conjugate of brim 4+in.; head descended into pelvis, but could not be brought to the perinæum as the pains were weak; forceps applied and child delivered deeply asphyxiated, but lived; circumference of head (sub-occip-breg.) which was much elongated, 11½ in.; laceration of perinæum; slight infection; recovery.

Case 4. Primipara; R.O.P.; pains severe, but head would not engage; version; child dead when delivered; laceration of perinæum; sepsis; recovery; diameter of pelvis and measurements of head not secured.

Case 5. Primipara; contracted pelvis; iliac crests 11⅔ in.; anterior superior spines, 10⅞ in.; anterior inferior spines, 9¾ in.; symphysis pubis, from above down, 2 in.; brim-conjugate, 4⅓ in.; transverse, 4¼ in.; outlet, conjugate, 3¼+1 in.; transverse, 3 in.

The peculiar pubic bone, 2 in. wide, caused the shortened conjugate of the outlet; at five months she miscarried; circumference of head,  $8\frac{1}{2}$  in. (sub-occip-breg.); labor slow and difficult; perinæum forceps required. When pregnancy occurred again I induced labor, after consultation with Dr. Southwick, at  $7\frac{1}{2}$  months, as nearly as we could reckon, there being some uncertainty as to the date of the last menstruation; pains strong and the head was forced into the pelvis, but became impacted before reaching the perinæum; forceps were applied and a dead child extracted; circumference of head, which was much elongated,  $10\frac{1}{2}$  in. (sub-occip-breg.); lacerated perinæum; infection (probably from the induction of labor); recovery.

In all these cases, except the one of version, the presentation was occiput anterior; flexion of the head was complete; various methods were tried to force the head down and attempts at version were made, in some of the cases, but without success, so that forceps were applied as a last resort, with a loss of three children out of five, or 60%. In spite of care infection occurred in three cases.

In these cases, as I have said before, we run the risk of sepsis and internal trauma for the mother, while the child stands a very poor chance between pressure from the forceps or being squeezed to death when extracted by the feet, to say nothing about pressure of the forceps on the after-coming head. Cases of this kind have always been discouraging to me, for, while I have not lost any of the mothers, I cannot but feel that I ought to do better and save the children as well; in short, is there a better way to manage these cases of minor contraction, better than forceps or version; especially when the pains are good? Is it not possible that the requirements are met by symphysiotomy?

Why should symphysiotomy be reserved, as advised by Morisani, for pelves with conjugate veræ of not less than  $2\frac{5}{8}$  in. (6.7 c. m.), nor greater than  $3\frac{1}{2}$  in. (8.9 c. m.)? Why not use it in those only slightly contracted? especially as it has been said that "A greater danger lies in the other direction, i. e., in performing symphysiotomy on a pelvis where Cæsarean section only will allow extraction of a living child," for if the symphysis be divided when it is not necessary it is of comparatively little importance, as the separation is slight.

Let us see how well symphysiotomy covers the conditions required.

1. As to infection: In many cases after division of the symphysis spontaneous delivery occurs and so in these cases sepsis is not to be expected any more than in normal labor; with the use of forceps after symphysiotomy the same element of uncertainty is added that we have in cases of forceps at the brim. We

should remember that infection of the external wound is a danger which must be carefully avoided; as a complication it can easily occur, and so after division of the symphysis if the pains are weak it is best not to wait for the uterine contractions, but to deliver with instruments at once. Because of the assistance required and on account of better care and, in some cases, cleanliness also, it seems to me that, as a rule, symphysiotomy should be a hospital operation. Exceptional cases, of course, occur where it is unwise or impossible to transfer the patient to a hospital. Most of the cases requiring division of the symphysis can be recognized long before the operation is necessary if careful examination be made of the patient and pelvimetry be practised.

Internal injury is no more likely than in high forceps or version if the soft parts be thoroughly dilated, either naturally or by suitable artificial means, except as moulding of the head is less likely to occur; undue stretching of the soft parts from lack of the normal bony support is to be expected. Injury to the bladder and venous plexus about the urethra with severe hæmorrhage and to the synchondroses are results to be taken into account, not by any means insignificant nor to be lightly set aside. Still these results may be somewhat obviated by extreme care in the operation, by not dividing the sub-pubic ligament, unless extreme separation be necessary, and by keeping the legs of the mother together with pressure on the trochanters to approximate as closely as possible the ends of the pubic bones during the remainder of labor and thus prevent too rapid expulsion of the child.

So trauma is to be expected; still, sometimes, in practice we find, in spite of much interference, there is very little. I have seen one case in which spontaneous separation of the symphysis occurred, the head was large and forceps were applied after the head became wedged in the pelvis, and, while slight traction was being made, the bones separated with a distinctly audible snap, the separation amounting to over  $1\frac{1}{2}$  in.; the child was delivered dead; circumference of the head,  $13\frac{1}{2}$  in. (sub-occip-breg.) and much out of shape; perinæal laceration of second degree; tendency to inversion of the uterus and hæmorrhage; and a vinegar tampon was inserted, after the placenta was removed by the hand; and yet in spite of all this interference there was no internal injury, neither was there septic infection; a simple restraining bandage was applied around the pelvis with perfect approximation of the bones and firm union as a result.

Now if the symphysis had been divided in these six cases is it not likely that the children would have been saved? Especially in the last case, if division had been made early, instead of waiting until the symphysis gave way.

The additional complication for the mother is the external wound and divided bone, which, when the operation is properly performed, with aseptic precautions, should not be a complication; as Morisani expresses it, "The failures are not the fault of the operation, but are due to the lack of skill of the operator." Of course the uncertainty regarding the reuniting of the pubic bones is superadded, and those who remember a case which occurred, not a great distance from here, some years ago, where separation of the symphysis or synchondrosis took place, will understand what a deal of trouble an ununited symphysis may cause the attending physician.

As for the child, it is evident that with increased space the chance of compression is almost if not wholly removed; but as impaction usually exists for a longer or shorter time before symphysiotomy is decided upon and performed, death may result from the pressure before the operation, but it seems more likely that it is the extreme pressure caused by forceps or efforts at extraction by the feet rather than the impaction and consequent pressure caused by a contracted pelvis and a head forced down by uterine contractions that is to be avoided, and which is entirely avoided by division of the symphysis; but it is essential, before operating, to ascertain that the child is living, as a dead foetus would contra-indicate symphysiotomy, some other operation being then preferable, possibly embryotomy. The size of the child should also be carefully considered.

To recapitulate: Septic infection is not more likely with symphysiotomy than with either high forceps or version, if we exclude the external wound. 2. Trauma, if dilatation be complete, is not to be expected, but the external wound, the separated bones and the possibility of laceration by the pubic bones, and injury to the synchondrosis largely increase the dangers for the mother. To offset these objections we have,—3. A good prognosis for the child.

I have been unable to obtain anything satisfactory in the way of mortality statistics for this operation; but, in general, I think it a fair statement, of those I have seen, to place the deaths of the mothers at  $2\frac{1}{2}$  to 10%; and of the infants from 15 to 20% in pelves with conjugatæ veræ of 2 9-16 in. (6.5 c. m.) and over, Morisani placing the lowest limit at  $2\frac{5}{8}$  in. (6.7 c. m.), Pinard at  $2\frac{3}{4}$  in. (7 c. m.).

Now, in these cases, a separation of the symphysis of  $2\frac{3}{8}$  in. (6 c. m.) gives an increase in the true conjugate of  $\frac{1}{2}$  to  $\frac{5}{8}$  in. (1.2 to 1.5 c. m.), making, with the limit Morisani has imposed of  $2\frac{5}{8}$  in. (6.7 c. m.) to start with, either 3 1-16 in. or 3 3-16 in. (7.9 or 8.2 c. m.), a much smaller conjugate than in any of my cases, and yet in fifteen cases, reported by Morisani, he did not lose any of the mothers, and only one of the children from the effects

of delivery (two others dying later from other causes). I think we are justified in presuming that these fifteen operations were severe, and that any or all of the bad results that I have mentioned might have occurred to the mothers; and with larger pelves, only slightly contracted, equal results would be obtained, as it would then be a question not of keeping the bones apart or allowing them to separate the necessary amount, after division, but of preventing undue separation; thus the strain on the synchondrosis would be reduced to the minimum, and if the ligamentum arcuatum were not divided, which is perhaps a refinement in the operation which is not always possible, the bladder and urethra would be in less danger, while if delivery were unaided dilatation of the soft parts would proceed as in normal labor. Thus we would have practically a normal labor complicated with a divided symphysis and external wound. All chance of infection, from the hand or forceps, is avoided and the resistance of the soft parts being gradually overcome, as in normal labor, laceration of the cervix and perinæum would occur in the same proportion as in natural deliveries. All this presupposes the existence of labor pains sufficient to expel the child, but when the pains are absent then, of course, interference with the forceps would be necessary.

In the case of spontaneous separation of the symphysis just this condition resulted, neither the bladder, urethra nor synchondrosis were injured, nor was there a cervical tear; it is true there was no external wound, but union was complete and perfect; and, what I failed to tell, the patient became pregnant a second time, two years later, and was delivered, instrumentally, of a 10-pound child, without separation of the symphysis.

The cases of minor contraction to which it seems to me symphysiotomy is applicable are like the following:

Mrs. A.: primipara; short and stout; height, 4 ft. 10½ in.; weight, 148 pounds; gestation progressed without serious symptoms; a tremendous appetite, which was, fortunately, counterbalanced by good digestion, suggested the possibility of a large child; slight oedema of feet and hands, with numbness of the fingers during the last two months; no albuminuria; external examination, at eighth month, showed L. O. A.; a small amount of liquor amnii and a large child; internal examination a true conjugate of 4—in., in fact I only made it 4¼ in. sacro-subpubic. During the last two weeks the diet was somewhat reduced. Labor began at midnight, and progressed slowly; in the morning the head was above the brim and the soft parts relaxed; pains continued through the day; at 5 P. M. I found the head engaged and uterine contractions severe and frequent; at 9 P. M. the head was still wedged in the superior strait, and, while it advanced with the pains and receded after, there was no

progress, neither could I press the head up; ether only slightly modified the pains, and after working ineffectually for fully an hour I felt that unless one more attempt was successful I was justified in dividing the symphysis in preference to forceps. Fortunately the next attempt succeeded, and, after careful pressure above the pubis, the head began to descend; six hours later, with perinæum forceps and a slight perinæal laceration a live child was born, weighing  $9\frac{1}{2}$  pounds, the head much out of shape; circumference (sub-occip-breg.) only  $11\frac{1}{2}$  in.

This appears to be the kind of case in which symphysiotomy is not only warrantable, but likely to be successful and in which it is to be preferred to forceps or version. Separation of the pubic bones would not be extreme and possibly the sub-pubic ligament could be left intact. The danger lies in resorting to the operation too early, in mistaking a case in which the head is out of proportion to the brim for a contracted pelvis, when waiting, careful manipulation and, perhaps, a slight change in the position of the presenting part will often result in moulding of the head and a natural delivery.

In conclusion, I wish to call particular attention to the following mortality tables, already quoted, which show, at a glance, the small percentage of deaths under symphysiotomy compared with forceps and version; in fact, the spontaneous cases are the only ones which approach, in a low death rate, the losses under symphysiotomy, and even they are much higher.

Percentage of Deaths in Forceps cases in Versions and in Spontaneous Deliveries compared with Symphysiotomy:

Conjugate.	Operation.	Mothers.	Infants.
3.9 in. or over sacro-sub-pubic or at least 3.5 in. sacro-pubic.	{ 51 Forceps	35.29	54.90
	{ 21 Versions	23.80	66.60
	{ 216 Spontaneous	13.88	15.74
3.9 in. to 3.5 in. sacro-sub-pubic or 3.5 in. to 3.1 in. sacro-pubic.	{ 60 Forceps	28.33	31.66
	{ 15 Versions	26.66	80.00
	{ 84 Spontaneous	9.52	36.90
$2\frac{5}{8}$ in. to $3\frac{1}{2}$ in.	15 Symphysiotomies	.00	6.66
	Morisani's cases		
Average mortality in Symphysiotomy		2.5 to 10	15 to 20
Case 1 — Conj. brim 4—in.	Head (sub-occip-breg.)		12 in.
" 3 — " " 4+ "	" " " "		11½ "
" 5 — Iliac crests 11½ "	Ant-sup-spines		10½ "
Symphysis 2 "	Ant-inf-spines		9½ "
Conj. brim 4¾ "	Transverse brim		4½ "
" outlet 3¾ "	" outlet		3 "
Head, 1st case 8½ "	Head, 2d case		10½ "
" .6 — Head 13½ "			
" 7 — Conj. brim 3¾ "	Head (sub-occip-breg.)		11½ "

**EDITORIAL.**

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

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*TUBERCULOSIS IN CATTLE.*

The annual report of the Board of Cattle Commissioners of Massachusetts was received with great interest, much comment and some complaint having greeted the active measures employed during the past months for the detection of tuberculosis in neat cattle. At a casual glance the complaints seem justifiable, though when we realize that these are steps toward the prevention of a disease which causes one-seventh of all the mortality of the world, and also the most widely distributed and destructive disease found among cattle, it would seem that almost any measures to stamp it out would be justifiable and praiseworthy, and it is certain that we should not condemn unheard what is of such importance to us as physicians.

Of late the hue and cry has subsided and there comes a lull in regard to the matter, but on inquiry we find that appropriations have been exhausted and hence operations are suspended. The question arises whether new appropriation should be made for carrying on the work or whether it shall be allowed to cease. If, on inquiry, the measures adopted can promise immunity from the disease, or even abatement of its ravages, certain it is that no wiser nor more needed method of applying the public moneys could be found.

Previous to this time the measures taken have proved totally inadequate to cope with the spread of the disease, and, though inspectors were appointed in some towns, the work done was unsatisfactory. Since the passage of the act of last year, considerable interest has been manifested and the first convention of its kind in the state was held in Worcester last October, and was attended by over two hundred inspectors, with many others interested in the work.

Before September 1 of last year all inspection was conducted on the basis of a physical examination, with such results as to convince the Board of the futility and even danger of relying upon this method for detecting the presence of tuberculosis; hence, after a long series of experiments the method adopted

was the so-called "tuberculin test." The law also provides for the regulation of importation of neat stock into the state, with quarantine, all animals that have passed the tuberculin test to be branded. Up to December reports had been received from 243 towns, covering the examination of 131,968 animals.\*

In order to eradicate the disease a thorough scientific examination of all neat stock throughout the state would be necessary, and this the Commission has already begun in Nantucket, the seaboard forming a practical quarantine from importation of animals; and of 665 cows examined only six have been found diseased, these being animals either imported from the main land or those who have been in cohabitation with such.

These results are extremely satisfactory, but inasmuch as the animals here are naturally isolated, this cannot be considered as an indication of the average percentage of the disease in the rest of the state.

The Board has also undertaken to regulate the sale of neat stock brought within the state limits and as the majority are delivered at the markets at Watertown, Brighton and Somerville, tests were made there, with the result that of 1,432 animals examined in six weeks, 6.21 per cent. were found to be tuberculous. The figures coming from the examinations at the markets are valuable, for they show, almost absolutely, the whole number of the diseased animals; and they are the first reliable statistics of the kind ever obtained, so far as we are aware, under any similar conditions.

The complaint has been heard that the Massachusetts farmer must bear the brunt of the loss resulting from this weeding out, but the law makes provision for the payment of compensation for animals destroyed by order of the Board, one-half the value being allowed when the animal is found tuberculous, provided such animal has been in the state six months prior to its being killed, and the actual or full value being paid when post-mortem examination shows that the animal condemned was unaffected.

It is certain that there is great danger of infection from milk, as well as from meat, more perhaps from the former as that is taken into the stomach unchanged by cooking. To what extent the milk of tuberculous animals contains bacilli of con-

\* The total number of neat cattle assessed in the State in 1894 is: cows, 182,477; other than cows, 41,059; total 223,536.

sumption is an exceedingly difficult question to answer; but after careful experimentation Dr. Ernst concludes that the milk from cows affected with tuberculosis in any part of the body, may contain the virus of the disease.

The protection furnished in this matter cannot be absolute unless the importation of milk and similar products be regulated in some efficient manner. This certainly should be done, and with the least possible delay.

The day is not far distant when the tuberculous patient shall be as closely quarantined as the victim of any other contagious disease. It is true that progress has been made in this direction, with the result that the mortality from phthisis already shows a decrease, but we have yet much to accomplish and it rests with the medical profession to impress on the public mind the importance of active measures with the result of comparative immunity from tuberculosis as a desired goal.

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#### EDITORIAL NOTES AND COMMENTS.

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THE HOPEFUL ATTITUDE OF MODERN MEDICINE

as shown below may seem rather premature to the thoughtful investigator. While the greatest honor is due those who by their long and thorough researches have been able to contribute so inestimably to the science of medicine, they themselves would be the last to claim that "We are now where it can be affirmed without fear of contradiction that the age of empiricism is passing and that medicine will soon be able to cast off the reproach under which it has so long labored of being an inexact science," or that "The day is at hand when a patient suffering from an acute infectious disease can be as surely saved by the physician's art as can one bearing a benign tumor be relieved of his burden by the knife of the surgeon." Although the strong, confident assertion is decidedly "fetching," the quiet unrelenting demand for proof all along the line of advance is certainly more satisfactory and scientific.

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#### THE MEISSEN.

For the benefit of those who may desire to know, as well as for the good of those who ought to know, something on the

subject, we gladly give space to the following brief historical account of the Meissen. The objects of the association are so clearly set forth in this communication, and the purposes of the association are of so practical and commendable a nature, that no words of comment are needed and no suggestions are in order. The "Gazette" simply extends its cordial support to anything so ably conceived and so worthily conducted, and ventures to hope that the future of the Meissen may be a brilliant record of hopes realized and a worthy mission accomplished.

"It has been observed that the ladies who share with the physicians, who are members of the American Institute of Homœopathy, the pleasures of attendance upon its sessions, have had no definite means of becoming mutually acquainted, and this fact has often led to a feeling of isolation and loneliness, even though surrounded by agreeable people. At the session held in Chicago in June, 1893, Mrs. Kinne of New Jersey, and Mrs. Higbee of Minnesota, together with a few others, talked the matter over and agreed that with every element at hand for the promotion of social intercourse, steps should be taken at once to make it the duty of ladies chosen for the purpose, to introduce strangers and to contribute some special facilities for the common pleasure.

"This consultation led to the calling of the first meeting for the organization of an association of ladies belonging to the families of the members of the American Institute of Homœopathy. At this meeting it was voted that the first object of the Association should be to promote sociability among the ladies during the sessions of the Institute, and that to aid in this purpose, meetings should be held, papers read and discussed, and musical and other entertainments should be provided by the members of the Association and others. The working plan included a committee on hospitality, and one on entertainment; the chairman of each of these committees being appointed by the president of the Meissen, who should have due regard, in making these appointments, to the locality where the Institute should hold its next session, and that each chairman of these committees should invite to her aid such ladies to assist her in her work, as in her judgment should be necessary. It was agreed that the Meissen should have no affiliation with the

Institute of Homœopathy, neither should the members of said institute be eligible for membership in the Meissen.

"The first meeting of the Meissen after its organization was held in Denver in June, 1894. The purpose for which the Association was formed met the cordial support of the ladies present, and the opportunities for making mutual acquaintance were improved and greatly enjoyed. A paper by Mrs. W. L. Jackson of Boston suggested ways in which a wife might interest herself in her husband's professional work, including the study of dietetics, the hygiene of the nursery, and home making, from a scientific standpoint.

"Such in brief is the history of the Meissen, to which another leaf will be added at the approaching meeting of the Association in Newport, on June 20. It is expected that short sessions of the Meissen will be held daily, of which due notice will be given, together with other details of interest to the members.

"Applications for membership may be made to the secretary, Miss Emily F. Paine, 61 West Seventy-First Street, New York, or to the president, Mrs. I. T. Talbot, Hotel Cluny, Copley Square, Boston."

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### SOCIETIES.

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#### MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

##### ANNUAL MEETING.

The fifty-fifth annual meeting was held at the College Building, Tuesday evening, April 9, and at Steinert Hall, Boston, Wednesday, April 10, 1895.

##### *Tuesday evening, April 9.*

The meeting was called to order at the College Building, East Concord Street, Boston, by the president, John P. Sutherland, M. D., at eight o'clock, and Dr. Lucy C. Hill, chairman, presented the

##### *Report of Committee on Obstetrics.*

1. "Forceps on the Side," Geo. H. Earl, M. D.
2. "Tubal Pregnancy and its Treatment," Horace Packard, M. D.
3. "Puerperal Convalescence," Duncan MacDougall, M. D.
4. "Pregnancy the Cause of Chorea and Mania; One Case," Ellen L. Keith, M. D.

Discussion opened by Drs. Walter Wesselhoeft, Henry E. Spalding and Maurice W. Turner.

*Discussion.*

Dr. Walter Wesselhoeft: The care of extrauterine pregnancy has been largely taken from the obstetrician and placed in the hands of the surgeon. In regard to the use of forceps on the side it is hoped that others will follow the advice given in the paper on that subject. The facility with which the blades are introduced, the entire control and ease with which traction may be made, are certainly sufficient to recommend the position in all favorable cases, that is, in all cases where no special difficulty is to be met.

In regard to puerperal convalescence there has certainly become prevalent a degree of laxity which bodes ill for the future well-being of mothers. At the same time the opinion may be expressed that the traditional custom of confining a woman in bed until the fundus has returned to its normal size and the lochial discharge has ceased, seems wholly unnecessary. While the observation of all due caution is counselled, there is no hesitation in saying that a much more generous treatment than is customary may be safely allowed, as nature very thoroughly provides for the whole process of involution, and it is reasonable to assume that the relaxed muscular fibres will strengthen all the more readily if brought rationally into play. Involution, it must be remembered, is not merely a mechanical process, it is a vital process, and the more the tone of the system is raised the more will this process be hastened.

Dr. H. E. Spalding: While accustomed to adapting himself to circumstances in the use of forceps, he must confess he has not found it so easy to use forceps on the side as has been represented. Heartily agrees with Dr. MacDougall in favoring a long puerperal convalescence, and wishes we could prolong it beyond the time usual. While he would not allow a woman to remain constantly in the dorsal position, he cannot agree with Dr. Wesselhoeft that she can get up just as well as not after the third day. Believes that her future health demands that a lying-in patient should have a good long rest.

Dr. Geo. H. Earl: Can easily understand how one accustomed to using forceps on the back should prefer that position, but cannot but feel that such preference is the result of habit. In his work of instruction in the school he finds that the students more easily acquire proficiency in the use of forceps with the patient on the side.

*Report of Committee on Diseases of Children.*

Helen S. Childs, M. D., chairman.

But one paper was presented in this bureau, entitled  
"Use and Abuse of Calisthenics in our Public Schools,"  
Emma J. Peaseley, M. D.

There being no discussion the meeting was adjourned.

*Wednesday, April 10, 1895.*

The meeting was called to order at 10.30 A. M., at Steinert Hall, by the president, J. P. Sutherland, M. D.

The records of the last semi-annual meeting were read and approved.

The reports of the treasurer and auditor were received and accepted.

Drs. Thomas and French were appointed tellers and the polls were declared open for the election of officers for the ensuing year.

The necrological report was then presented by Henry E. Spalding, M. D.

*Report of the Committee on Clinical Medicine.*

Lamson Allen, M. D., chairman.

Subject: "Water, Therapeutically and Otherwise Considered."

1. "The External Use of Cold Water in Pneumonia," Herbert C. Clapp, M. D.

2. "Hot Water; Uses and Therapeutics of," D. A. Babcock, M. D.

3. "Cold Water; Uses and Therapeutics of," F. A. Gardner, M. D.

4. "Purification of Water, Including Filters," James Krauss, M. D.

5. "Bacteriology of Water," J. P. Rand, M. D.

6. "Pollution of Ice," J. K. Culver, M. D.

7. "Wells," N. W. Rand, M. D.

8. "Contamination of Drinking Water by Lead," J. S. Mitchell, M. D., Chicago, Ill.

9. "Self Purification of Rivers," Lamson Allen, M. D.

10. "Clinical Report on Treatment of Diphtheria by Antitoxine," William C. Cutler, M. D.

11. "Toxic Amaurosis, With Total Loss of Vision, due to Chronic Lead Poisoning," Frederick W. Payne, M. D.

*Discussion.*

Dr. Scales endorses the cold pack in pneumonia with the precaution of ascertaining if the compress "warms up" rapidly; if this does not happen the procedure is worse than useless. Thinks that where the cold pack is used the physician should remain with his patient and watch the reaction.

Dr. H. C. Clapp thinks an application of the temperature of 60 degrees cannot do harm. The compresses should be renewed as often as they become dry and hot, in some cases every five or ten minutes. Does not think it necessary to stay by the patient.

Dr. Thomas speaks from personal experience of the efficacy of the cold pack in pneumonia.

Dr. Joseph Chase, having a certain amount of fear of the cold pack, has used warm compresses with good effect. Also uses cotton batting jacket.

Dr. Scales thinks it important to have the wet cloth and dry covering applied together, and not allow the wet compress to remain a minute on the patient without being covered.

Dr. H. C. Clapp gives alcohol to support the heart in cases treated with the cold compress, as he does in others.

Dr. Culver has always found the cold compress of great value. Would suggest the necessity of having an entirely new compress each time to avoid danger from dampness of the outside covering.

Dr. Rand thinks that the beneficial effect of the cold compress is as much due to its action in abstracting blood from the surcharged lungs as in lowering temperature.

At the conclusion of the discussion of the papers presented by this bureau, the following candidates were elected to memberships: Willard C. Stilson, M. D., Winchester; Walter Tuttle, M. D., Exeter, N. H.; Ella G. Pease, M. D., Boston; H. Clinton Crocker, M. D., Providence, R. I.; Eugenie M. Phillips, M. D., Somerville; E. B. Richardson, M. D., Everett; A. J. Bond, M. D., Adams; William C. Farley, M. D., Lawrence; George A. Martin, M. D., Hyde Park; Forrest Leavitt, M. D., West Somerville.

Then followed adjournment to Hotel Thorndike, where lunch was served to 125 members.

At 2.30, the meeting was again called to order at Steinert Hall, and the President's address, a most able effort, was delivered by John P. Sutherland, M. D.

At the conclusion of the address, Dr. H. C. Clapp moved that the sum of \$200 be appropriated for the Hahnemann monument fund.

After remarks by Dr. Clapp and Dr. J. H. McLelland of Pittsburgh, chairman of the Hahnemann monument committee, Dr. N. R. Morse offered as an amendment that the contribution from the Society should be equivalent in amount to one dollar for each of its members. This amendment having been accepted, the motion was carried unanimously.

It was then voted that a committee of three be appointed to solicit from physicians and others in New England, subscriptions to the amount of \$2,000 for the same fund. The president appointed as this committee, Drs. Horace Packard, N. R. Morse and H. C. Clapp.

The tellers, reporting through Dr. Thomas, then declared the following officers elected for the ensuing year: President, Edward P. Colby, M. D., Wakefield; vice-presidents—Frederick B. Percy, M. D., Brookline, N. W. Emerson, M. D., Boston; corresponding secretary, J. Wilkinson Clapp, M. D., Brookline; recording secretary, Frank C. Richardson, M. D., Boston; treasurer, Herbert C. Clapp, M. D., Boston; librarian, Jane K. Culver, M. D.,

Boston; censors — H. P. Bellows, M. D., Boston, N. Emmons Paine, M. D., West Newton, Horace Packard, M. D., Boston, Alonzo Boothby, M. D., Boston, John P. Sutherland, M. D., Boston.

On motion of Dr. Edward P. Colby, it was voted: "That in accordance with Article X of the By-Laws, the board of censors, by at least one of their members, shall inspect the diploma of each applicant for membership in the Society, or shall make sure of his or her graduation by finding his or her name recorded as a graduate in the catalogue of the college he or she claims as his or her Alma Mater."

*Report of Committee on Insanity and Nervous Diseases.*

Frank C. Richardson, M. D., Chairman.

Subject, "Sleep."

1. "Physiological Sleep," Edward P. Colby, M. D.
2. "Insomnia," D. E. Brownell, M. D.
3. "Hypnotic Sleep with Practical Illustration," James R. Cocke, M. D.
4. "Morbid Sleep," Frank C. Richardson, M. D.
5. "Report of Special Committee on Comparative Statistics of Insane Hospitals of Massachusetts," presented by J. Heber Smith, M. D.

Owing to the lateness of the hour the papers of this bureau were not discussed, and it was voted to adjourn to Music Hall, where at 6.30 P. M. the Society united with the New England Hahnemann Association in a grand banquet and literary feast, commemorative of Hahnemann's birthday, a full account of which will be found elsewhere.

FRANK C. RICHARDSON, Secretary.

*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

SPECIAL MEETING.

[Adjourned from March 7, 1895.]

A special meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, March 21, 1895, at 7.45 o'clock, President H. C. Clapp in the chair.

*Section of Gynæcology and Obstetrics (continued).*

Programme.

"The New Hysterectomy," by Leslie A. Phillips, M. D.

The discussion was opened by Dr. A. H. Powers, who spoke as follows: "I was in ignorance until to-night that the 'new hysterectomy' is a new or even modern operation. The literature of the operation reveals the fact that it is a very old operation, nor do I believe that the present good results are due to

this operation but rather to improved surgical technique. A surgeon who loses more than 10 per cent of his cases of hysterectomy would at the present time be considered unlucky. I think a chart which represents the arterial blood supply to the uterus is misleading, as it entirely ignores the venous supply which of itself is liable to cause considerable bleeding at the time of operation.

"The indications for hysterectomy are cancer, occasionally for small fibroids, for persistent metritis and prolapsus.

"Hysterectomy by this method is less desirable than the more extensive operation in cases of malignant disease, as fascia and connective tissue should all be removed, thus rendering return less probable. In cases of fibroid tumors which have reached any size the blood vessels are usually enlarged so that ligatures are required. In metritis the vessels are in an atonic state and therefore bleed freely. Prolapsus rarely demands this operation. When the Fallopian tube is removed one cannot avoid the ovarian artery, consequently I consider the field for the operation a very limited one.

"In the first case cited by Dr. Phillips both ovaries had previously been removed, which would readily account for lack of hemorrhage during the operation. Why should a ligature applied here be worse than elsewhere? I believe that this operation is possible, but why spend extra time to avoid arteries which can be readily picked up and ligated? In only a very small per cent of cases is this operation easier than the usual method."

Dr. Alonzo Boothby said: "The operation of hysterectomy is an important subject. We do not need to discuss the claims for originality in this operation. It is sufficient to say that it is not a new method. If you will read in the Transactions of the American Institute of Homœopathy, I advocated dissecting close to the uterus before I heard of the 'new hysterectomy.' I operate by vaginal hysterectomy early in the course of malignant disease (where cancer is incipient) in preference to other methods.

"No one would put on clamps or needlessly ligate the broad ligament with a single suture as suggested by Dr. Phillips. I take very little stock in pinching the sympathetic nerves. The catgut ligature quickly loosens, as is proved by the living tissue beyond the point of ligation.

"I believe in the removal of uterine fibroids if small, with the uterus, per vaginam. The next best method is by treating the pedicle externally. I have operated upon 60 cases of uterine fibroids, treating the pedicle externally, with only one death, and that patient was in a very critical condition. It is pernicious advice to assure a patient that the approach of the menopause is favorable in all cases and thus to allow fibroids to go on

uninterrupted. I have known cases where peritonitis has resulted in death. Patients have died from fibroids before the menopause was reached. The menopause is delayed in these cases even to the fifty-fifth year. I have made thirteen or fourteen complete hysterectomies with four deaths, and twenty-two vaginal hysterectomies without a death.

"I have seen Dr. Pratt operate and his method does not differ from ours. His operation upon the rectum is carried to an extreme."

Dr. Horace Packard spoke as follows: "For what conditions shall we use enucleation? For malignant disease and prolapsus uteri. Shall we remove the uterus for malpositions? Pelvic pain is not always stopped by removal of the ovaries or uterus. If we decide upon removal of these organs for pain and malpositions then this operation of enucleation will be of service. Personally I do not perform hysterectomy for these conditions. I read with interest Dr. Homans' article in the 'Boston Medical and Surgical Journal' for March 7, 1895, in which the author has observed 650 cases and operated upon 93."

Dr. N. W. Emerson feels perfectly confident that the death rate in hysterectomy can be kept down to 5 per cent. Statistics are unreliable, i. e., handicapped by early unsuccessful operations due to imperfect surgical technique.

The discussion was then closed by Dr. Phillips.

2. "Symphysiotomy in Minor Pelvic Contractions," by Maurice W. Turner, M. D.

Discussion opened by Dr. Horace Packard: "When first revived this operation impressed me favorably and I determined to perform it upon the first favorable case. Some two years ago the opportunity occurred. The patient, 28 years of age, had been in labor two days. Forceps had been repeatedly used unsuccessfully. The head had not engaged and the cervix was dilated two inches. The patient was small in stature—4 ft. 10 $\frac{3}{8}$  in., weight 98 lbs. She was transported to the Massachusetts Homœopathic Hospital, anæsthetized. Pelvis was found not deformed but anatomically small. Another unsuccessful attempt was made at forceps delivery. The urine contained a large amount of albumin. Symphysiotomy was performed as follows: an incision separating the soft parts was made, the cartilage was severed with a bistoury; forceps were again applied and child delivered in 15 minutes. Bladder and urethra not disturbed; cervix and perineum ruptured. The child was dead. The entire wound healed by first intention. The patient was on her feet in five weeks' time, and wore a canvas supporter about the hips for one year. Possibly Cæsarian section might have saved the child's life.

"Symphysiotomy is applicable in the following cases: Where there is little disparity between the head and pelvic walls; where

the condition is not sufficient to warrant craniotomy. It offers greater safety to mother than Cæsarian section."

Dr. George A. Tower considers it a misfortune to be born a woman. In twenty years' experience I have not had a case where forceps have done damage or any case where scar has resulted on child's head. It is the duty of the physician to save the mother at all events.

Dr. F. H. Krebs said: "I have always looked upon this operation [symphysiotomy] as obsolete and have never seen a case presenting indications for it. In cases of minor pelvic contraction a healthy child can be born by inducing slightly premature delivery.

Dr. Walter Wesselhoeft remarked: "I hesitate at this late hour to express my opinion of symphysiotomy. Dr. Packard's operation impressed me profoundly. In his case I attempted the forceps but made no headway. After symphysiotomy I replaced the forceps and delivered with perfect ease. The mother recovered satisfactorily. This impressed me so profoundly that in another case I should favor operation. The operation became obsolete through imperfect technique in the early days of surgery. High forceps operations and versions bring vividly before me the ghosts of mothers and children who might have been saved. When shall I operate? How much patience shall I exercise before I interfere with the process of labor? These are the questions. It is a matter of judgment. It has been demonstrated that mortality invariably decreases as surgical procedures increase."

J. EMMONS BRIGGS, Secretary.

#### REGULAR MEETING.

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, April 4, 1895, at 7.45 o'clock, President H. C. Clapp in the chair.

The reading of the records of the two previous meetings was omitted.

The name of Charles S. Gleason of Wareham was proposed for membership.

The following physicians, approved by the Board of Censors, were elected to membership: J. W. Hayward, M. D., of Taunton, and Charles C. Ellis, M. D., of Somerville. A reply to the letter to Ira B. Cushing, M. D., requesting his resignation was received and read by the General Secretary, and the Society unanimously voted to expel Dr. Cushing from its membership.

*Scientific Session.*

Dr. N. W. Emerson presented two pathological specimens:

1. A small sub-mucous fibroid attached to the anterior wall of the uterus and projecting into its cavity. Hemorrhage had been excessive for the last nine years. The growth had recently increased much in size.

2. Multiple interstitial fibroid. The tumor presented numerous adhesions to the sigmoid flexure and rectum which made the operation of total extirpation difficult.

Dr. Joseph Chase, Jr., presented a tumor which he had recently removed at post mortem examination. The tumor occupied the left side with numerous adhesions to the abdominal wall, mesentery and stomach. The growth had undergone calcareous degeneration.

Dr. George H. Earl cited an interesting case of a student who severed the tendo Achillis by accident. There was a separation of over two inches between the severed ends of the tendon. Four weeks have elapsed and there appears to be perfect union and patient is walking about with a cane.

*Section of Surgery.*

Chairman, N. W. Emerson, M.D. Secretary, W. S. Smith, M.D.  
Treasurer, H. S. Childs, M. D.

A nominating committee composed of Drs. William F. Wesselhoeft, George B. Rice and George H. Earl reported the following nominations. These physicians were elected officers for the ensuing year:

Chairman, J. W. Hayward, M. D.

Secretary, Augustine C. Haub, M. D.

Treasurer, A. H. Powers, M. D.

*Programme.*

1. Report of a case, "Suppression of Urine following Abdominal Section," W. J. Winn, M. D.

2. "Hammock for Plaster of Paris Dressings," G. H. Earl, M. D.

3. "Further Experience in Anæsthesia with Practical Demonstration," Horace Packard, M. D.

4. "The Abdominal Work at the Massachusetts Homœopathic Hospital during the Service Ending April 1, 1895," N. W. Emerson, M. D.

In the discussion Dr. A. H. Powers said: "The criticism which I have to offer relative to the use of Dr. Packard's inhaler is that it necessitates the rebreathing of the air. I think the anæsthesia may be due in part to lack of oxygen. By the driving of air through ether the latter loses certain properties and becomes unsuitable for anæsthetic purposes."

Dr. F. P. Batchelder stated that after conducting anæsthesia for an hour there remains about one and one-half ounces of ether from the 100 gram can. In several cases this remaining ether was tried in inducing anæsthesia with the result that it was found to induce the anæsthetic state as readily as ether from a freshly opened can. Such result was rather unexpected. With each compression of the bulb fresh oxygen is supplied. When anæsthesia is complete the air valve is partially or entirely opened and the air bag becomes correspondingly collapsed, so that the patient inhales a bountiful quantity of fresh air as well as etherated air.

Dr. L. A. Phillips inquired regarding the proportion of cases suffering from nausea and vomiting after anæsthesia by this method, and said that in his practice it occurred about once in five times. He had also an inherent objection to rebreathing expired air. He also regretted that chloroform is in such disfavor in New England at the present time, for he considers it a much more satisfactory anæsthetic. The surgeon puts himself in a precarious condition in administering chloroform, for should accident occur the consensus of medical opinion would be of adverse character.

Dr. Batchelder replied that by the usual method of ether anæsthesia vomiting had been observed in about three cases out of five, while after anæsthesia by etherated air it occurred in about two cases out of five.

Dr. J. W. Hayward said: "The preference for ether in Massachusetts is easily understood. Boston is the home of ether anæsthesia. I should favor chloroform had I not seen a fatal accident during its administration. The operation was of such a simple character that it could have been done without anæsthesia. The patient died as though he were struck by lightning. If I were to take an anæsthetic I should prefer chloroform. The dangers from chloroform all occur at the time of inhalation, while those from ether are remote. I believe that as many deaths are actually produced by ether as chloroform."

Dr. N. W. Emerson preferred shortening of the round ligaments to fixation in the cases cited, because of the greatly relaxed vaginal walls and partial atrophy of uterus.

J. EMMONS BRIGGS, Secretary.

#### REVIEWS AND NOTICES OF BOOKS.

"A SYSTEM OF LEGAL MEDICINE." By Allan McLane Hamilton and others. Vol. II. 738 pp. E. B. Treat, New York, 1894.

The first volume of this important work was reviewed in the January number of "The Gazette"; the second volume is in no

wise inferior in merit to the first. Its 680 pages of text are about equally divided between affections of the nervous system, and the sexual relations. Among the contributors on the first topic are Dr. Hamilton himself, on insanity in its legal aspects; Prof. Charles L. Dana, who writes a most valuable paper on traumatic neuroses, and Dr. Philip C. Knapp of Boston, who treats of the simulation of nervous diseases in a succinct and admirable paper. Both Dr. Hamilton and Prof. Dana supplement their papers by a full bibliography of their subjects, a fact worth remembering by one who may have occasion to investigate these subjects.

The legal aspects of the sexual relations is treated by Prof. Jewett, Doctors Sturgis and Currier of New York City and Prof. Chaddock of St. Louis, all names that make further characterization of their work unnecessary. The editor of the distinctively legal side of the work, Mr. Godkin, has been successful in securing contributions from some of the leading members of the New York bar. It is, perhaps, not to be expected that such busy lawyers as W. B. Hornblower or John E. Parsons should write elaborate or exhaustive treatises on the subjects assigned to them, but the summary of the law that each gives is at once clear, concise and helpful to the busy physician who needs, at least, a smattering of legal knowledge on the subject about which he is to testify. Mr. Godkin's own article is of a high order of merit, while Prof. Baldwin's article on Divorce is a disappointment, and Judge Pratt serves up a mere rehash of an article in the *American Encyclopædia of Law*.

As in the first volume, the medical writers occasionally make a wandering excursion into the law, and Dr. Hamilton makes a seemingly unnecessary digression into theology by referring to Luther and Swedenborg as "fanatics"; neither the legal nor the theological learning adds to the value of the articles.

The volume closes with an article on Surgical Malpractice which consists of an enumeration of some of the causes for surgical mistake; apparently lack of space only, prevented this catalogue from being extended to the medical side of practice.

These volumes represent the latest word on Medical Jurisprudence, even citing "Trilby" as medical authority (Vol. II., p. 212), and should be upon the shelves of every practitioner who can afford the price and the space.

The index at the end of the second volume partially atones for the absence of an index in the first volume, although it is not entirely adequate.

E. A. W.

"WORKS ON GYNÆCOLOGICAL ELECTROTHERAPEUTICS." By Dr. George Apostoli, Paris, Société d'Éditions Scientifiques.

The development of the science of Electrotherapeutics is so rapid in these days and the bibliography of the subject is so extensive that it is difficult for the busy physician to keep posted

in the various advances, so that all electrotherapeutists must welcome with enthusiasm this effort of Dr. Apostoli to accumulate the most valuable publications of the day into one series. Dr. Apostoli proposes to publish, semi-annually, these archives of gynæcological electrotherapeutics, and gather together all the material of value which has appeared during the past seven years, or which may be published, in the future, by authors, not only in France but the world over.

The first volume is devoted chiefly to the treatment of fibroids by electricity, beginning with the observations of Thomas and of Skene and Keith. These are followed by Sir T. Spencer Wells and numerous other prominent English electrotherapeutists. Then articles are given by authors representing the principal civilized nations of Europe and America. Among the noted American authors whose articles appear are Rockwell, Gœlet, McGinnis, Buckmaster, Laphorn, Smith, Martin, Massey, Skene, Mundé, and Kellogg. The book closes with the bibliography of electrotherapeutics in gynæcology.

This volume forms a most valuable compendium for the student of electrotherapeutics and one which no specialist who seeks to use electricity should be without. We heartily congratulate Dr. Apostoli on undertaking this arduous labor and urge the support of all interested in this subject, not only by buying the book, but also by forwarding to the devoted author all articles upon the subject which they may write, or of which they may be cognizant.

WILLIAM L. JACKSON.

**A CLINICAL MANUAL OF DISEASES OF THE EYE, INCLUDING a SKETCH OF ITS ANATOMY.** By D. B. St. John Rossa, M. D., LL.D. William Wood & Co., New York. 580 pp. 178 engravings.

The author presents this book, "not," as he says, "that there were not already in the English tongue many excellent treatises on diseases of the eye," but as the result of his own years of experience and as such, coming from the source it does, it is truly valuable. His aim is to cover, not all possible affections of the eye, but the ordinary abnormal conditions. There is first a careful anatomical sketch. Then follow several chapters on examination of the eye. In noting diseased conditions the following points are interestingly discussed: "The Over-estimation of the value of Glasses," "Consequences of uncorrected Astigmatism," "Statistics of Myopia in Schools," "Influence upon Character of uncorrected Myopia." The whole book is exceedingly readable as well as valuable, and any physician would turn to its clear pages with pleasure.

M. C.

**CLINICAL DIAGNOSIS.** By Albert Abrams, M. D. 273 pp. E. B. Treat, New York.

This is the third edition of this interesting little book. That a new edition should so soon be called for bespeaks a most hearty

appreciation. The comparative tables with which the book abounds are especially to be commended. The diseases and diagnoses most apt to be confused are thus brought into sharp opposition, affording the best method for distinction. The author aims to produce a book which will give prominent diagnostic differences, thus imprinting upon the mind of the reader the individuality of the topic under discussion. The book is eminently a modern book; the methods of diagnosis and investigation are those of to-day, and the use of all possible helps to accurate work is strictly enjoined. The book will be found particularly useful to young practitioners whose library is yet small. It should be read carefully.

B.

**"THE TREATMENT OF WOUNDS, ULCERS AND ABSCESSSES."**

By W. Watson Cheyne, M. B. Ed., F. R. S., F. R. C. S.  
180 pp. Lea Brothers & Co., Philadelphia, 1895.

This work follows one on "Antiseptic Surgery," by the same author, and is confined to the treatment of wounds, ulcers, and abscesses. Special stress is laid upon the desirability of the surgeon's familiarity with bacteriology, of avoiding granulation and suppuration, and of having the field of operation, as well as all appliances and the hands of the operator surely antiseptic. In the treatment of abscesses and ulcers, the removal of causes is urged equally with local measures. The following few words from the preface give the scope of the book: "In writing this small book, I have not attempted to discuss the whole subject of the treatment of wounds . . . but have limited myself to describing the methods which I always employ, which I know to be efficient, and which I believe to be the simplest consistent with certainty in the results."

M. C.

**MANUAL OF GENERAL MEDICINAL TECHNOLOGY, INCLUDING PRESCRIPTION WRITING.** By Edward Curtis, A. M., M. D., 230 pp. William Wood & Co., New York, 1895.

A pocket manual in its third edition, and conformed to the U. S. Pharmacopœia of 1890. Dosage, modes of medication, prescribing, prescription writing, etc., are briefly considered.

**A MANUAL OF BANDAGING.** By C. Henri Leonard, A. M., M. D. 150 pp. 139 engravings. Sixth edition. Published by the Illustrated Medical Journal Co., Detroit.

A practical little book describing methods of preparing and rolling as well as applying various bandages. Many dressings also, as the silica jacket, jury mast, slings, splints, compresses, etc., are portrayed and explained. The methods may be easily understood and followed even by a novice, as in the engravings the turns are carefully numbered in the order of adjustment. The book is particularly well adapted to the needs of students.

M. C.

## PERSONAL AND NEWS ITEMS.

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Dr. L. A. Phillips retired from general and family practice May first, in favor of Dr. J. H. Stevens. Dr. Phillips will devote his attention exclusively to his hospital and office practice with gynæcology and orificial surgery as a specialty.

The Newton Sanatorium receives the class of patients who usually go to sanatoriums. The benefits of hospital care are furnished, such as expert medical care and skilled nursing, together with the great advantages of privacy and home life. The terms are fifteen dollars a week upward. Inquiries should be addressed to Dr. N. Emmons Paine, West Newton, Mass.

**Free of Charges:** The therapeutical applications of Peroxide of Hydrogen (medicinal), Glycozone and Hydrozone, by Charles Marchand, Chemist. Ninth edition. This book of 200 pages, which contains all the information on the subject, with reprints of elaborate articles by leading contributors to medical literature, will be mailed to doctors mentioning this publication. Send full address to Charles Marchand, 28 Prince St., New York.

Homœopathic physicians are needed in Fitzwilliam, N.H., and Winchendon, Mass. "Well equipped, energetic and care-taking" physicians will find these localities "lucrative fields." Particulars may be obtained by applying to "L. A.," care Otis Clapp & Son, 10 Park Square, Boston.

Brooks, Maine, offers a good opportunity to a homœopathic physician. For particulars apply to "D. H. E.," care Otis Clapp & Son.

*AMERICAN INSTITUTE OF HOMŒOPATHY.*

## NOTICE EXTRAORDINARY!!

Having just been advised that many physicians are hesitating about visiting Newport because of hotel expenses, I take pleasure in stating that in accordance with Bulletin No. 2, I am prepared to furnish rooms with board as low as \$8 a week, and rooms without board at \$2.50 a week. Arrangements can be made to suit any purse, but applicants for such must not expect Ocean House menu. I expect to spend most of my time at that hotel to meet the requirements of those who cannot arrange for quarters in advance.

GEO. B. PECK, M. D.

Providence, April 27, 1895.

An announcement from the "Transportation Committee" of the American Institute of Homœopathy concerning the reduction in the price of tickets to Newport, where the meeting of the Institute is to be held in June, will appear in the next issue of the GAZETTE.

Dr. John L. Coffin has retired from general practice and will hereafter give his attention exclusively to diseases of the skin. His office as heretofore will be at 229 Berkeley Street.

Dr. James E. Kennedy, class '94 B. U. S. M., and interne at Massachusetts Homœopathic Hospital (March, '94, to April, '95) has become associated with Dr. John L. Coffin, West Medford, and will have charge of Dr. Coffin's general practice.

An excellent photogravure of Boenninghausen, printed on steel plate paper 20 $\frac{1}{4}$  x 24 $\frac{1}{4}$ , the size of the portrait being 12 $\frac{1}{4}$  x 15 $\frac{1}{2}$ , is offered for sale by Dr. John Arschagouni, P. O. Box 2331, New York city. Price \$2 per copy.

The announcement of the Boothby Surgical Hospital, recently distributed, indicates a condition of successful growth of the institution that promises well for its future. The staff includes Drs. Alonzo Boothby, Joseph W. Hayward, Frederick W. Halsey, Ella G. Pease, and a large corps of nurses.

# THE NEW-ENGLAND MEDICAL GAZETTE.

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VOL. XXX.

## COMMUNICATIONS.

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### *THE MICROSCOPICAL TECHNIQUE OF BLOOD EXAMINATION.*

BY FREDERICK F. STRONG.

*[Read before the Boston Homœopathic Medical Society.]*

In consideration of the fact that the health and development of every human being depend upon the proper nutrition of the various cells and tissues of the body, it is obvious that an exact and minute knowledge of the great food-carrier, the blood, is essential to the intelligent study of physiology and therapeutics. Although this fact has been fully appreciated by scientists, a glance at any moderately recent anatomical treatise will show that hitherto the results of investigation upon the blood have been very unsatisfactory. The microscope has shown the presence of cellular elements in the blood which have been classified as red and white corpuscles. The apparent simplicity of the structure of these cells has rendered their study comparatively uninteresting, while no characteristic changes could be detected in the blood in disease which could be applied to the diagnosis of the latter. The apparatus for the enumeration of the blood-cells, the hæmometer, and the spectroscope, have been suggested from time to time as of diagnostic value in the examination of blood, but the difficulty attending their use and in the interpretation of results has greatly limited their value except for scientific purposes. Direct microscopical examination of the blood has seldom been employed for purposes of diagnosis, as, in the absence of proper technique, changes quickly occur in freshly drawn blood which alter, to a great extent, its histological character.

In perhaps no one field of medical science have such brilliant and valuable results attended the labors of a single investigator as in the study of blood diseases. Professor Ehrlich of Berlin has, by his important contributions to chemistry and bacteriology, rendered his name familiar to every scientific student, but it is through his classical researches upon the blood that his reputation has been most firmly established. Although his results date back as far as 1878, they are to-day

but little known outside of Germany, and the most recent English publications fail to more than allude to his work. This is due to the fact that Ehrlich has been very lax in the publication of his researches, and aside from a few monographs and short articles scattered through the periodical literature of the subject no information in regard to his work can be found, unless one be fortunate enough to obtain access to his laboratory in Berlin, which is at present next to impossible unless the application be made several years ahead. He gives a course of lectures at the Charité which are open to any matriculant of the Imperial University of Berlin.

Ehrlich's discoveries upon the blood have been rendered possible by two facts—the perfection of the microscope, especially the introduction of the immersion objective and the Abbé condenser—and the application of certain organic dyes for the differentiation of minute details of cell structure. The image seen when an object is viewed through a microscope is formed in two ways—by differences in refractive power of the various parts of the object, and by the differences in the quality and intensity of the color of the same. It has been found that certain tissue elements absorb a given dye with avidity, while others, similarly treated, remain colorless. If we paint an object, we apply to its surface a layer of some finely-divided insoluble substance which itself possesses color; when, however, we stain or dye an object we apply a solution of some substance which has a chemical affinity for certain component parts of the article in question, with which it forms insoluble, colored compounds. For example picric acid is a yellow dye possessing a chemical affinity for silk but not for cotton; certain other dyes affect the cotton and leave the silk unaltered. Suppose we subject a piece of fabric formed of alternate fibres of cotton and silk to a mixture of picric acid and a red dye of the second class; after washing, the silk fibres will appear yellow and the cotton fibres, red; in other words we have produced a *double staining*, resulting from the selective affinity of the different fibres. It is through the application of the principle thus crudely illustrated, to microscopical technique, that Ehrlich has obtained his most important results.

The organic colors (generally known as the “aniline” or “coal tar” dyes) are, from a chemical standpoint, either *acids*, *bases* or *salts* (the latter are neutral bodies formed by the chemical union of an acid and a base). In studying the action of these substances Ehrlich noted certain apparently constant relations between their chemical and tinctorial properties; for example, he found that stains which possessed a special affinity for cell nuclei, were invariably basic, while those which affected the protoplasmic portions of tissues, were, as a rule, acid dyes.

As this seemed to offer a fertile field for investigation, Ehrlich engaged himself for some years in the study of the micro-chemistry of the organic dyes, with especial reference to their application to the study of the cellular elements of blood.

The chief difficulty to be surmounted was to prepare the blood in such a manner that its histological character would remain unaltered by the various staining fluids employed. This problem was finally solved by the employment of the following method. The blood is spread in a thin film upon a cover glass in the manner described below, and after drying is placed for an hour in an incubator at  $120^{\circ}$  C. This treatment, by coagulating the albuminoid bodies present, cements the film to the glass and fixes the cells so firmly that they remain unaltered by the subsequent treatment. A few years ago while engaged in bacteriological work, the present author had occasion to examine a sample of tubercular sputum which contained a considerable amount of blood; the slides were prepared in the routine manner—dried, fixed by passing three times through the flame of a spirit lamp, stained and mounted. Upon examination it was observed that the blood cells present were absolutely unaltered in form, and appeared to have stained as well as the elements of blood fixed by Ehrlich's method. After some experiment it was found that simply passing films of blood dried upon a cover glass, three times through a flame produced the same result as heating in the incubator. After testing this method upon hundreds of preparations it has never failed to give results quite as satisfactory as those obtained through the tedious process recommended by Ehrlich.

The routine employed in blood examination is usually carried out as follows: The sample is obtained either from the lobe of the ear or from the end of a finger near the base of the nail, and may be obtained by the use of a lancet or a triangular-ground needle. Personally I prefer the latter and in order to facilitate the operation I have constructed a simple mechanical device. It consists of a frame of spring brass wire supporting a piece of thick glass tubing (about 5 mm. in diam. by 2 cm. long) through which passes a needle having a short knob of hard rubber upon its upper end. The wire frame is extended on one side to form a sort of spring hammer which is held by a trigger-like arrangement formed by the opposite portion of the wire frame; a slight touch releases the spring which falls upon the knob with sufficient force to produce a quick painless puncture from which the blood flows readily; a small spiral spring causes the needle to recoil automatically into the tube after the puncture is made. The tube can be adjusted so as to produce various depths of punctures. The needle can be readily withdrawn from the tube and sterilized by passing

through the flame. The area of the puncture should previously be sterilized by washing in bi-chloride alcohol and subsequently with pure alcohol.

A number of clean cover-glasses having been conveniently arranged, one of them is grasped in the forceps and lowered upon the exuding drop of blood until it just touches the latter when it is quickly raised and gently lowered upon a second cover so that the blood flows out in a thin layer between the two; the latter are then quickly drawn apart, care being taken to avoid pressure which might distort the corpuscles, and placed face upwards, upon a flat surface until dry when they may be preserved indefinitely or at once subjected to the further treatment by the staining solutions, being previously fixed in the flame as described above. The staining fluid is allowed to act for several minutes, after which the cover-glasses are washed in water, allowed to dry and mounted in balsam (not in Damar!).

The essential feature in the above process is the staining of the film of blood, which is accomplished by the use of a fluid prepared from three organic dyes. This preparation is perhaps the most valuable of all Ehrlich's discoveries, as through its use all the elements of the blood are beautifully differentiated. The ingredients must be of exceptional purity and those usually sold by microscopists will not answer. While attending Ehrlich's lectures in Berlin, I was fortunate enough to obtain a small amount of each of the three stains, which had been selected from a large number of samples which had been tested in Ehrlich's laboratory. Using these dyes I prepared a moderate amount of the fluid according to the following formula:

Saturated aqueous solution of Orange G. . . . . 1.5 parts

Saturated aqueous solution of Methyl Green. . . 1.0 parts

Saturated aqueous solution of Acid Fuchsin. . . .5 parts

Mix and allow to stand for ten minutes;

then add alcohol (95%) . . . . . 5 parts

This stain must stand a month before use; and must never be filtered!

At the same time I prepared a second quantity, using stains obtained from Dr. Grüber, supposed to be the purest in the market. After standing for over a month the solution made with Ehrlich's stains gave perfect satisfaction, while the second fluid, although similar in appearance, proved to be practically worthless.\*

\* Since the above was written I have succeeded in producing a simpler staining fluid which gives results fully equal to the Ehrlich formula and has the twofold advantage over the latter in that it may be filtered and will work as soon as prepared. The formula is as follows: To 5 volumes conc. aqueous solution of Acid Fuchsin, is added with constant shaking, 1 volume conc. aqueous solution of

By the aid of the Ehrlich stain the following elements may be demonstrated in human blood:—

1. The normal red corpuscle or Erythrocyte; bi-concave, circular discs which stain orange-brown in Ehrlich's solution, are normally present in blood in the proportion of 5,000,000 per cubic centimeter. The individual cells measure about  $7-8\mu$  in diameter.

2. The Megalocyte, a red corpuscle of unusual size.

3. Microcyte, a red corpuscle of diminished size.

4. The Poikilocyte, a red corpuscle of distorted form.

Varieties 2, 3 and 4 are degeneration forms of the normal red cell, and occur only in disease; when present in considerable numbers they are diagnostic of pernicious anæmia.

5. The Normoblast, a red cell of normal shape and size, containing a circular nucleus which stains an intense green; occurs normally in embryonic blood and in very young children; is seen after severe loss of blood and in anæmia; as its presence indicates a regenerative process on the part of the red corpuscles it is a favorable sign in the prognosis.

6, 7, 8. The Megaloblast, Microblast and Poikiloblast are, as their names indicate, nucleated varieties of 2, 3 and 4. They occur only in pernicious anæmia and leukæmia.

9. The Blood Plaque or Platelet (incorrectly called Hæmatoblast), small disc-like bodies which stain pale brown in Ehrlich's solution, are normally present in moderate numbers; they are enormously increased in leukæmia, chlorosis and multiple sarcoma.

The varieties of white corpuscles or Leucocytes are as follows:

10. The small Lymphocyte, a small round cell slightly larger than the normal red disc, consisting of a circular blue nucleus surrounded by a very thin layer of pale brownish protoplasm. Originate principally in the lymphatic glands, but also from the spleen and bone marrow.

11. Large Lymphocyte, formed from 10 by increase in the amount of protoplasm. 10 and 11 form 20% of the total leucocytes. An unusual increase in these two forms is diagnostic of lymphatic leukæmia.

12. The Neutrophile cell; the nucleus of 11 becomes constricted or divides, and numerous small, irregular granules, having an affinity for neutral stains, appear in the protoplasm; these granules are peculiar to the Neutrophile cell of the human blood. This variety constitutes 70% of the total Leucocytes

Methyl Green. After standing over night it is filtered and employed in the same way as the Ehrlich Solution. The only difference between the two stains is that the Ehrlich solution colors the red cells brown, while the simpler preparation stains them red. The neutrophile granules are very beautifully demonstrated by this solution.

and is the active agent in phagocytosis, i. e., in the defence of the body from parasitic or other invasion and in the repair of injuries. Whenever acute disease occurs we have therefore an increase in the number of these cells; this condition is called leucocytosis. In pneumonia the degree of leucocytosis is proportional to the temperature, and twenty-four hours before death the Neutrophile cells disappear entirely.

13. The Eosinophile or Oxyphile cell, a spherical body about the size of the Neutrophile, consisting of one or more blue nuclei surrounded by a mass of transparent granules which is filled with large, highly refractive granules which possess a strong affinity for acid dyes and appear bright red with Ehrlich's solution. Form about 5% of the total leucocytes. Originate solely in the bone marrow and are increased enormously in myelogenic leukæmia.

14. The Mast cell, similar in appearance to the Eosinophile cell, but the granules are not as highly refractive as those of the latter, and absorb basic, instead of acid stains. These Mast cell or Basophile granules are frequently mistaken for micrococci but can be distinguished from the latter by their varied size. Do not stain in Ehrlich's solution and appear like fat globules. In an acetic acid solution of Dahlia (a basic stain) they stain deep violet. Occur in human blood only in leukæmia and sarcoma, but are found normally in human connective tissue and in the blood of lower animals. They originate in the spleen and connective tissue.

15. The Myelocyte, a very large spherical cell with a single pale blue circular nucleus surrounded by a small ring of protoplasm filled with neutrophile granules; it is a degeneration form of the neutrophile cell, the nuclei having fused and absorbed water. It is present in the blood only in splenic and lymphatic leukæmia; but is seen in the bone marrow in cases of pernicious anæmia.

The presence of the different varieties of granules in the above cells is of great interest and importance. It enables us to diagnose many obscure diseases and to differentiate between various kinds of blood. From experiments not as yet completed I have every reason to believe that the neutrophile cells may be demonstrated in old blood stains, thereby establishing the presence of human blood. As a medico legal test the method would be of obvious importance. Indeed, it seems that by the use of these staining methods we will in time be able to identify the blood of almost every species of animal by the characteristic granules in their leucocytes. Thus, in the blood of the dog, we find Eosin cells whose granules are extremely large; while in the rabbit and guinea pig we find large numbers of cells filled with granules peculiar to these two spe-

cies of animals. (These are known as the Amphophil or Pseudo—Eosinophile granules of Ehrlich.)

Much might be said upon this subject as well as upon the functions of the different leucocytes, but it would carry us beyond the scope of this article. It is obvious, however, that by the use of the technique originated by Ehrlich, the examination of blood must soon assume the position of one of our most valuable aids to diagnosis.

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*REPORT OF THE SURGICAL SERVICE OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL FOR THE  
QUARTER ENDING APRIL FIRST, 1895.*

BY NATHANIEL W. EMERSON, M. D.

Herewith is presented the report of the surgical service of the Massachusetts Homœopathic Hospital for the first quarter of the current year. Many interesting cases came up of which a detailed report will not now be given.

Efforts were made to obtain the most thorough asepsis, not always an easy matter to accomplish in public clinics.

Some considerable difficulty was experienced with the catgut, but after more careful preparation, no further trouble was had. The question of absorbable ligatures and sutures is a rather vexed one, but I wish unreservedly to state that I believe catgut can be made perfectly safe. I can discover no advantage over catgut in kangaroo tendon or other animal material. All possess the common disadvantage of having an animal origin, and the difficulties in their safe preparation are similar. Catgut may be obtained in carefully graded sizes, smooth and pliable, strong enough in proper sizes for all ordinary purposes, and can be made as strong as desired by chromicizing. It is readily absorbed when aseptic without apparently retarding union, and when buried, or used within the abdominal cavity, ideally answers its purpose. But it must be aseptic. While silk can be quickly sterilized, it is quite as easily infected as is catgut, and the absorption of it is long delayed. Experience has shown that within the abdominal cavity it does not always give the best results, and aside from its use as an occasional suture for the intestinal walls, I place my whole reliance upon catgut in this situation.

No especial change has been made in the method of closing the abdominal wound, and except in rare instances where time is an imperative factor, the peritoneum is united by a fine catgut suture, the anterior sheath of the recti muscles by another, and the skin by a third. The deep sutures of relaxation are all silver wire passed down to, but not through the peritoneum; in

every instance, except where drainage was used, union took place by first intention. In all abdominal cases drainage has been less used than ever and only where sepsis was unconditionally present. No kind of antiseptics were used in the abdominal cavity, and even water was employed only when the septic condition was such that it was absolutely necessary to wash it out. The oozing following the breaking up of extensive adhesions is not, in the opinion of the writer, an indication for the flushing of the abdominal cavity, as the intra-abdominal pressure is such that upon the closure of the external wound the oozing will cease.

An unusual number of cases requiring curetting of the uterus came up, and the only point to which I wish to call attention in this connection is that styptics are not necessary to control the hemorrhage following the operation, in conditions other than malignant ones. If the diseased tissue be all curetted away, a copious douche of water, as hot as can be borne, has been found to invariably control the hemorrhage. While per-chloride of iron does immediately stop the bleeding, it is apt to be followed by sepsis, as can readily be understood by considering the cause of its immediate efficacy.

Of the hemorrhoidal cases only one was done by the Pratt method, and that by Dr. H. E. Spalding, by invitation, on a case of his own in order to give an example of the method before the class. After observing results of this operation since its first introduction, and after a careful study of the whole alleged philosophy of the method and its resulting conditions I unhesitatingly condemn it, and can find nothing in it for approval. In many cases the results following are worse than the original disease; and the fact that frequent and continued dilatation of the anus is afterwards necessary speaks for itself how far from a normal restoration of the parts is obtained.

### SUMMARY.

DIAGNOSES.	OPERATIONS.	No. of Cases.	No. of Operations.	Cured.	Improved.	Not Improved.	Died.	Remaining.
Abscess, glandular . . . . .	Opened and curetted . .	1	1	1				
“ gluteal . . . . .	“ “ “ . .	5	6	2			1	2
“ perineal; phimosis . .	“ “ “ ; dilated . .	1	2					1
“ of jaw . . . . .	“ “ “ . .	1	1	1				
“ of knee . . . . .	“ “ “ . .	1	1	1				
“ of back; tubercular . .	“ “ “ . .	1	1		1			
Abdominal Sections:								
Appendicitis, acute . . . .	Opened and drained . .	1	1					1
Appendicitis, intercurrent .	Extirpation of appendix .	5	5	2				3
Cystic degeneration of ovary.	Extirpation . . . . .	1	1					1
Cyst of gall bladder . . . .	Exploratory incision . .	1	1			1		
Fibroid uteri . . . . .	Abdominal hysterectomy	5	5	3			1	1

## SUMMARY — Continued.

DIAGNOSES.	OPERATIONS.	No. of Cases.	No. of Operations.	Cured.	Improved.	Not Improved.	Died.	Remaining.
Abdominal Sections:								
Fibroid uteri . . . . .	Extirpation of ovaries . .	1	1		1			
Hernia, direct inguinal . .	Radical operation . . . .	1	1	1				
Hernia, indirect inguinal; retained testicle . . . .	Radical operation; extirpation of testicle . . .	1	1	1				
Hernia, umbilical . . . . .	Radical operation . . . .	1	1	1				
Ovarian cyst . . . . .	Extirpation . . . . .	8	8	6				2
" " . . . . .	Opened and drained . . .	1	2		1			
" " , dermoid . . . . .	Extirpation . . . . .	1	1	1				
Procidentia uteri . . . . .	Ventral fixation . . . .	1	1	1				
Retroversion uteri . . . .	" " . . . . .	3	3	2				1
Tuberculosis of peritoneum .	Exploratory incision . .	1	1			1		
Abdominal strain . . . . .	No operation . . . . .	1			1			
Appendicitis, acute . . . .	" " . . . . .	2			2			
Burn . . . . .	" " . . . . .	1		1				
Caries of toe . . . . .	Amputation . . . . .	1	1					1
Curvature of tibiae . . . .	Fracture and fixation . .	1	1					1
Cystitis . . . . .	Transferred to medical side . . . . .	1					1	
Diseases of Women:								
Carcinoma uteri . . . . .	Curetting . . . . .	1	1			1		
" " . . . . .	No operation . . . . .	1				1		
Cervical stenosis . . . . .	Dilatation . . . . .	6	6	5				1
Endometritis . . . . .	Curetting . . . . .	9	9	7				2
" ; lacerated cervix; . . .	Curetting; trachelorrhaphy . . . . .	4	8	2				2
" ; lacerated cervix; hemorrhoids . . . . .	Curetting; trachelorrhaphy; radical operation . . . . .	1	3					1
Endometritis; lac. cervix; hemorrhoids; polypus uteri	Curetting; trachelorrhaphy; radical operation; extirpation . .	1	4					1
Endometritis; lac. cervix; ruptured perineum . . . .	Curetting; trachelorrhaphy; perineorrhaphy . . . . .	6	18	4				2
Endometritis; ruptured perineum complete; polypus uteri . . . . .	Curetting; perineorrhaphy . . . . .	1	2					1
Endometritis; sinus of back .	Curetting; perineorrhaphy; extirpation . . . . .	1	3					1
" ; ruptured perineum; sinus of back . .	Curetting; opened and curetting . . . . .	1	3					1
Erosion of cervix . . . . .	Curetting; perineorrhaphy; and curetting . . . . .	1	3	1				
Fibroid uteri . . . . .	Curetting . . . . .	1	1	1				
" " sub-mucous . . . . .	No operation . . . . .	1				1		
Lacerated cervix . . . . .	Enucleation . . . . .	1	1	1				
" " ; endometritis; polypus uteri . . . . .	Trachelorrhaphy . . . . .	6	6	6				
Lacerated cervix; hemorrhoids . . . . .	" ; curetting; extirpation . . . . .	2	4	2				
Lacerated cervix; ruptured perineum . . . . .	Trachelorrhaphy; radical operation . . . . .	2	4	2				
Metrorrhagia . . . . .	Trachelorrhaphy; perineorrhaphy . . . . .	14	28	12				2
Ovarian cyst . . . . .	No operation . . . . .	1			1			
Polypus uteri . . . . .	No operation . . . . .	2	2	2		2		
Procidentia uteri . . . . .	Extirpation . . . . .	2	2	2				
Retroflexion uteri . . . .	Obliteration of vagina . .	1	1	1				
Retroversion uteri . . . .	No operation . . . . .	1			1			
" uteri . . . . .	No operation . . . . .	1			1			
Ruptured perineum; cystocele	Vaginal fixation . . . .	1	1					1
" " ; hemorrhoids . . . .	Perineorrhaphy; anterior colporrhaphy . . . . .	1	2					1
Ruptured perineum; rectal pockets . . . . .	Perineorrhaphy; radical operation . . . . .	3	6	2				1
	Perineorrhaphy; divided . .	1	2					1

## SUMMARY—Continued.

DIAGNOSES.	OPERATIONS.	No. of Cases.	No. of Operations.	Cured.	Improved.	Not Improved.	Died.	Remaining.
Ruptured perineum; vulvo-vaginal cyst . . . . .	Perineorrhaphy; extirpation . . . . .	1	2					1
Dislocation of coccyx . . . . .	Extirpation . . . . .	1	1	1				
Empyema . . . . .	Incision and drainage . . . . .	1	3					1
Enlarged cervical glands . . . . .	Extirpation . . . . .	2	2	2				
Enlarged prostate . . . . .	No operation . . . . .	1				1		
Epithelioma of cheek . . . . .	Extirpation . . . . .	1	1	1				
Fissure in ano . . . . .	No operation . . . . .	1				1		
Fracture of patella . . . . .	Fixation by wiring . . . . .	1	1	1				
Fracture, compound, of tibia and fibula . . . . .	Fixation . . . . .	1	1	1				
Frozen toes . . . . .	No operation . . . . .	1		1				
Induration on toe . . . . .	Extirpation . . . . .	1	1	1				
Hammer toe . . . . .	Amputation . . . . .	1	1	1				
Hemorrhoids . . . . .	Radical operation . . . . .	7	7	7				
Hydrocele . . . . .	Extirpation of sack . . . . .	1	1					1
Hypertrophied tonsils . . . . .	Tonsillotomy . . . . .	1	1	1				
Meningitis, acute . . . . .	No operation . . . . .	1				1		
Nævus of lip . . . . .	Extirpation . . . . .	1	1	1				
Necrosis of carpus . . . . .	Opened, curetted and drained . . . . .	1	2		1			
No diagnosis . . . . .	No operation . . . . .	3				3		
No diagnosis . . . . .	Transferred to medical service . . . . .	1				1		
Orchitis, chronic . . . . .	No operation . . . . .	1			1			
Phimosis . . . . .	Circumcision . . . . .	1	1	1				
Phimosis . . . . .	Dilatation . . . . .	2	2	2				
Pott's disease . . . . .	Not treated . . . . .	1				1		
Rectal ulcer . . . . .	No operation . . . . .	1				1		
Septic wound of finger . . . . .	Opened and curetted; amputation . . . . .	1	2	1				
Septic wound of knee . . . . .	Opened, curetted and drained . . . . .	1	1					1
Sinus of abdominal wall . . . . .	Opened and curetted . . . . .	1	2	1				
“ “ cheek . . . . .	Excision . . . . .	1	1	1				
“ “ foot . . . . .	Curetted . . . . .	1	1		1			
“ “ groin . . . . .	Opened and curetted . . . . .	1	1	1				
“ “ hip . . . . .	Opened and curetted . . . . .	1	2					1
“ “ lower jaw; lipoma of thigh . . . . .	Curetted; extirpation . . . . .	1	2	1				
Sprain of shoulder and wrist . . . . .	No operation . . . . .	1		1				
Sprain of knee . . . . .	No operation . . . . .	1		1				
Stricture urethræ . . . . .	Dilatation . . . . .	4	3	3		1		
Stricture urethræ . . . . .	No operation . . . . .	1			1			
Synovitis, acute . . . . .	“ “ . . . . .	1						1
Synovitis, chronic . . . . .	“ “ . . . . .	1			1			
Traumatism of hand . . . . .	Amputation of finger . . . . .	1	1	1				
Tuberculosis of hip . . . . .	Fixation . . . . .	1			1			
“ “ knee . . . . .	Opened and curetted . . . . .	1	2					1
“ “ peritoneum . . . . .	Aspirated . . . . .	1	1		1			
“ “ ulnar . . . . .	Opened and curetted . . . . .	1	2		1			
Tumors:								
Carcinoma mammæ . . . . .	Extirpation . . . . .	4	4	3				1
Carcinoma mammæ . . . . .	No operation . . . . .	1				1		
Unruptured hymen . . . . .	Dilatation . . . . .	1	1					1
Varicocele . . . . .	Radical operation . . . . .	1	1					1
Wens of face . . . . .	Extirpation . . . . .	1	1	1				
Wens of scalp . . . . .	Extirpation . . . . .	1	1	1				

No. of cases . . . . .	189
“ of operations . . . . .	222
“ cured . . . . .	109
“ improved . . . . .	17
“ not improved . . . . .	19
“ remaining . . . . .	42
“ died . . . . .	2

Percentage of deaths to No. of operations, 9-10 of 1 per cent.

*A BIT OF CORRESPONDENCE.**Editor N. E. Medical Gazette,*

Dear Doctor:—The following editorial from the "New York Medical Record" of March 23, 1895, with this subsequent correspondence, may prove of some interest to homœopathic readers as showing the animus of even one of the more liberal old school journals toward anything from a homœopathic source. The letter to the editor of the "Record" was written from the standpoint of a subscriber who mildly protested against the incompleteness of the literature served to him; yet from Dr. Shrady's courteous reply it would seem that homœopathic journals, as well as medical schools and hospitals, were still necessary that we may have any hearing or rights at all, in spite of the repeated assertions of the so-called "regulars" to the contrary.

James F. Bothfeld.

## THE ABORTIVE TREATMENT OF COLDS.

"One of the last of the many contributions to therapeutics made by the late Professor Dujardin-Beaumetz was an article on the abortive treatment of 'colds,' or more specifically, of acute bronchitis (Bulletin general de Therapeutique, Feb. 15, 1895).

"The special and, in the author's opinion, almost specific, treatment of the 'rhume,' consists in the proper use of aconite. Dr. Beaumetz describes the varying tides in the popularity of this drug, and ascribes the changes to the fact that the preparations and strength differ as well as the reaction of the patient. For many years the French codex prescribed the tincture of the leaves, which is comparatively inert. In later times the root has been employed, and the results have been more satisfactory.

"One disadvantage in the use of aconite lies, we are told, in the great difference in susceptibility to its effects. Every year, in France, deaths occur from the use of aconite or its alkaloid, and Professor Brouardel is reported to have said he would never dare to use the drug. This is a condition of affairs quite different from that met in the United States, where aconite is used with the greatest freedom and is one of the main stays of homœopathy, used in strong and 'mother tinctures.' Bearing in mind the two disadvantages of aconite, its variability in strength and the idiosyncrasies of individuals toward it, Dr. Beaumetz still asserts that it is a most effective drug in acute bronchitis. He advises heroic doses, giving fifteen to twenty drops in a hot drink, and repeating this once or twice in the twenty-four hours. If much medication is applied at the beginning of an attack it will almost certainly abort it.

"There is, however, a better method than this, viz., the giving

of small and frequently repeated doses, as described by Ringer many years ago.

"Another remedy which is very popular with the laity, is an ounce and a half of brandy in a hot infusion of violets.

"The modern school inclines in the treatment of colds to use the coal-tar products, and ignores the old-fashioned teas, the antimonial and opiate powders of earlier times. But aconite, at least, will hold its place as a powerful help in the treatment of acute bronchitis and the so-called colds of the head and chest."

*To the Editor of the Medical Record,*

Sir:—In your editorial entitled "The Abortive Treatment of Colds," you refer to the use of aconite in homœopathy "in strong mother tincture," and to its advocacy in heroic doses by Dr. Beaumetz. Allow me to say that it has never yet been my fortune to meet with such abuse of the drug in homœopathy. Doses not larger than one-tenth of a drop, frequently repeated, have proved vastly more satisfactory than the massive dose. But aconite is no "specific" by any means, and here, as elsewhere, individualization must be practised. The lack of such careful individualization has led more than one homœopathic therapist to the use of some of the popular coal-tar products only to his disappointment. Aconite is abortive of "colds" only if given in their very incipency, when the patient is chilly, "feverish," and has a dry, hot skin, from exposure in dry, cold air. Let the tincture from the root be employed and used intelligently in the small and frequent dose, not in every "cold," but only when this particular drug is indicated, and the uncertain coal-tar derivatives will never be reinstated in like cases.

It is startling for a homœopathic practitioner in these days to pick up almost any medical periodical to find therein some one of his old-time therapeutic friends heralded to an expectant profession as possessing heretofore undiscovered properties and uses. Not that aconite is an example of this; but a dozen other drugs might be mentioned in evidence which have for a hundred years been daily applied in a manner identical with the "new." Instances are innumerable in science where the same thing has been discovered at about the same time, by persons far remote and working entirely independently of each other, yet it is not common outside of medicine that such "discoveries" should be published years after the original saw the light of print, without at least mentioning the fact. Not that I would accuse Prof. Beaumetz, Ringer and others of plagiarism, but that I would deplore the mental hemianopsia which occludes entirely everything from homœopathic sources. It seems incredible to me that this prejudice should still exist when

the differences in therapeutic belief among the "regulars" is now as great as it formerly was between them and the homœopaths,"—in these days when the animal extractors and their ilk shock the ethical sense much more than ever did the homœopaths; yet their publications could never be overlooked.

This mental hemianopsia includes not only therapy but surgery as well. Recently I have had occasion to look over the bibliography and lists of operations, as published in the "Record" and other "regular" journals, of extirpation of larynx, hysterectomy by vaginal enucleation, and nephrectomy. These operations have many times been performed by surgeons whose therapeutics are homœopathic, and published reports of such operations have appeared in medical periodicals, yet not a single reference to them have I found in the said lists. This oversight is bad enough, but still worse are the statements that a specified operation has been performed in this country only a certain number of times, when the number in reality should be considerably increased.

Throwing out of the question entirely the wrong done to the surgeons purposely ignored is it just to the student who is after the true facts to so "manipulate the returns"?

James F. Bothfeld, M. D.

Newton, Mass.

New York, April 3, 1895.

Dear Sir:—In returning your letter to the "Record" and while personally believing that you state the truth, it is but fair to you to state that the reason for declining to publish it in its present shape, is simply that we do not wish to start a discussion on the relative merits of the so-called regular, and homœopathic methods in therapeutics.

Very truly yours,

George F. Shrady.

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### *THREE CLINICAL CASES.*

BY LUCY C. HILL, M. D., FALL RIVER, MASS.

[*Read before the Boston Homœopathic Medical Society.*]

In September, 1890, Mr. C., aged 42, of full habit, healthy color, called at my office and asked what I could do for a healthy looking man like himself.

I observed a peculiar gait as he entered; he seemed to throw his right leg forward from the hip, and he sat with that leg extended as though the knee joint were stiffened.

He was attending to his business—superintendent of a cot-

ton factory—but was greatly depressed; could not rise above a worried state of mind. He often forgot himself and rushed up and down stairs without difficulty; but very frequently he had a sensation of giving out, sometimes complete inability to step, and the more he exerted his will the less control he seemed to have over himself.

At this point I asked if he could walk in the dark.

"Oh, yes! and I can walk a crack, pick up a pin; ankle clonus and patella reflex are all right, but I cannot walk with my wife, and there isn't money enough in Fall River to hire me to try to go up the post office steps."

He then gave his history as follows: About six years previously he first felt his trouble, and consulted a local physician, who after a few fruitless efforts to ascertain the cause recommended a rest and that he consult Dr. Hammond of New York. Dr. Hammond did not find the exciting cause to be other than over-strain, and recommended a long rest from business, and travelling. Growing worse instead of better he put himself under the care of Dr. Weir Mitchell, but after a six months' vacation returned to his home and occupation more despondent than ever. When he felt particularly bad he would consult a physician but every one evidently thought the same, and sooner or later would laugh at him, offer a cigar or invite to a drive or walk to tell him he was blue—there was nothing the matter aside from his imagination.

He gave his history in a straightforward manner and evidently felt that he had been treated unjustly.

I asked, "If you were a woman would you cry?"

"I *do* cry and I can't help it; nor can I tell just why—I feel like crying," was his reply.

My first prescription was ignatia, with instructions to report in a week. In five days he called again, as diarrhœa, to which he was somewhat subject, had set in.

"But," said he, "those little pills made me feel less like a coward. Why, I began to think I should be afraid of my own shadow if I kept on."

My second prescription was arsenicum alb. 3x with instruction to take a tablet from the first bottle whenever he began to feel despondent.

At the third visit I prescribed aconite 2x in alternation with ars. alb. 3x. For weeks he took these remedies.

In November Mr. C. told me that regularly every December for the last four years, between the 20th and 24th of the month he would wake from a sound sleep with an agonizing pain about the heart. He tried to exact the promise that I would give a hypodermic of morphine of double the usual dose as

soon as I was called. He assured me it would be no use fooling with medicine for nothing but morphine would relieve. He did not have his December attack, nor has he had any trouble with his heart since.

About six months after coming under my care he informed me that he was able to walk with his wife, but it was a full year before he tried the post office steps.

In October, 1892, Mr. T., aged 40, tall, wiry, dark complexioned, introduced himself, saying that Mr. C. had recommended me to him.

"But," said he, "I am not nervous like him. There's no whine about me; I don't care whether I live or die, but I can't sleep and so I can't think. I'm superintendent of a machine manufactory and have constantly to make calculations, and I'm going to get where I can't do it unless I can sleep."

In reply to a question whether his food digested readily he said: "Oh, yes! and I feel better for an hour or two after eating than at any other time. Sometimes I have a severe pain right through my heart, but I don't worry about that. If that organ gives out I'll get through. I guess the men at the works wouldn't mourn if I should, for I'm getting so ugly I can't bear myself."

All through his talk he kept his feet and hands in constant motion.

I said to him, "I do not need to ask if you smoke."

"No," said he, "I *do*, and that is the only reason why I did not want to consult a woman doctor, but we may as well understand each other at once. It will be no use for you to tell me to stop smoking for I *shall not*."

Adopting the staccato tones which he had maintained throughout his talk, I replied, "We may just as well understand each other, for if you *do not* give up smoking I shall not attempt to do anything for you."

With his first apology for a smile and in a modified tone he asked, "Do you think I ought to break right off when I have smoked more than half my time day in and day out? I couldn't think at all without my cigar."

I offered a compromise, since he had smoked so excessively, and would allow one cigar after each meal for a few days, but he must soon get where he could get along without any. I reminded him that I was going to give a remedy that would help him.

He had been under an old-school physician's care for some months and had tried bromides and other sedatives. He begged me to give no morphine for it made him wild. I

assured him that he would be given nothing of the kind, and prescribed chamomilla  $\text{ix}$ .

He gave a fairly good report in a week; was sleeping some better but was up walking the floor between two and three every night as usual. He believed it was his stomach that was feeling uncomfortable that caused him to awake. He had not smoked since I saw him; said he was not to be made a baby of.

I now prescribed arsenicum alb.  $3x$  and Bovinine; one tablespoon of the latter at 9 A. M., 3 and 11 P. M., and as soon as he awoke between two and three at night.

It was not a month before he was sleeping well, the stomach symptoms had almost disappeared, but very frequently the pain visited the heart. He declined an examination of the heart, giving as his reason that two physicians had already given him a thorough examination and assured him that there was no irregularity of the heart, but he did not believe them, and if I should say the same he should lose confidence in my judgment. He could run up hill, usually sprang two steps at a time in going upstairs, and knew of no particular thing that would cause the pain.

He was instructed to take notice what he was doing and also at what times the pain occurred. He soon found that often when lying upon the right side he experienced pain which would be relieved by taking a crouching position upon his left side; also that in springing across a trench which separated the two buildings where he was employed (he could not spare time to cross on the semicircular bridge) if he placed his left hand upon the railing to give himself an impetus it would sometimes cause the pain but returning and using the right hand no pain resulted. He urged me to explain how it was that if the heart was doing its work perfectly, these pains could occur. I promised the explanation after I had cured his heart disease.

Bryonia  $\text{ix}$  was prescribed. At the end of two weeks he told me that that medicine was going to cure.

During the year that Mr. T. was under my observation, he gained thirty pounds, which restored him to his usual weight.

In April, 1893, Miss G., aged 32, a school teacher, consulted me. She had been unable to teach for two years previous and had been under the care of two of our best old-school physicians, one year with each, but instead of improving she had grown steadily worse. She was accompanied by her mother, for she could not be persuaded to go upon the street alone.

She talked very rapidly and incessantly, repeating the same thing over and over.

She felt so badly she did not know whether it was her brain, her stomach or her back. It seemed sometimes as if the distress

was almost more than she could bear, but the thing that disturbed her most was her thoughts. Just as soon as the distress became less her thoughts, which she said were too dreadful to repeat, would assert themselves. She should go crazy unless the dreadful feeling in her head was relieved.

"Perhaps I am crazy. Do you think I am crazy? I can't keep these dreadful thoughts out of my mind. I'm plaguing my mother to death. There's no happiness in my home because I can't help talking about myself. I feel so badly that I have to scream sometimes, and I'm afraid I shall speak some of the dreadful thoughts that pass through my mind. Perhaps I am crazy. Do you think I am crazy?"

Visit after visit she would talk like this for fifteen minutes. Fortunately she did not stop long enough after her inquiries to make it necessary for me to say what I thought about her mental condition.

She had decided before consulting me that perhaps there was a uterine difficulty and was pleased when I asked whether she had ever had an examination. She had not, and ran on a great tirade because neither of her physicians had even asked for one. I found retroversion of the uterus accompanied by great congestion. Hot douches and belladonna cerate reduced the congestion, but the uterus was so immovable that it was a slow and tedious process getting it back into normal position. Long after the position of the uterus was greatly improved she apparently felt about as badly as ever.

From time to time I prescribed *ignatia* and *arsenicum*, and occasionally during the first six months of my treatment she would have a day or two when she would feel encouraged, but the relapses were worse to her than if she had had no respite.

About this time I began the use of *stramonium* cerate locally and was so pleased with the result that I also prescribed *stramonium* 1x, a disk every two hours.

Using *ignatia*, *arsenicum* and *stramonium* as they seemed to be required she soon admitted without hesitation that she was better, still the dreadful thoughts were very persistent. At the end of eight months she began coming alone to my office.

In April, 1894, she was feeling well enough to resume teaching but refrained from doing so until the following autumn from prudential motives.

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#### *BACTERIA IN WATER SUPPLIES.*

BY J. P. RAND, M. D., WORCESTER, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

The hoary fen in putrid streams emits the living cloud of pestilence. Nor is the stream of purest crystal, nor the lucid air, though one transparent vacancy it seems, void of their unseen people.—*Thomson.*

It has been said that "The undevout astronomer is mad." The adage might be as truthfully applied to the biologist. The world has been looking at the stars for thousands of years, and science with its extended eye has brought myriads of the celestial bodies within our reach. We see, measure and speculate of that which we can in no way understand, much less control; and when it is done what does it all amount to so far as our physical well-being is concerned? Nothing at all!

Not so when we change our focus and take the raindrop for Jupiter, the yeast cell for Orion and lacteal secretions for the milky way. The earth teems with micro-organisms; the food we eat, the water we drink, the air we breathe, are literally alive with them. Water forms one of the most convenient vehicles for their growth and distribution, and myriads from the air are washed to the earth with every shower of rain. Now while it is true that all surface water contains bacteria, it is not true that all contain it in equal numbers or of like species.

Spring water when it first bubbles from the ground, or water taken from deep artesian wells is practically sterile, but as soon as it is brought to the surface, exposed to the air or becomes mixed with water already impregnated, it rapidly becomes populated with the variety of germs with which it is brought into contact.

The reason for deep waters being sterile is that the earth acts as a gigantic filter which mechanically separates most micro-organisms from the water as it is drained through; others are destroyed in their descent from insufficient supply of oxygen, so that when the depth of twelve feet is reached bacteria in the soil are not often present.

But what are bacteria, and what are they like? For the most part they are exceedingly minute vegetable organisms, and are helpers instead of scourges to mankind. We can really form no conception of their diminutive size or of the rapidity with which they reproduce their species.

Many varieties of them have received names descriptive of their shape, while some have taken in addition the name of their discoverer. Rod-shaped bacteria are called bacilli; round, cocci; curved, vibriones; screw-shaped, spirilla, etc.

The putrefactive bacteria "serve really to keep up the endless circulation of matter, utilizing the excretions of animate beings and the carcasses of dead animals and plants so as to make them assimilable for the nutrition of vegetable life." Bacteria in fact produce a species of combustion, and transform organic matter into its original inorganic elements. So necessary is this process of oxidation by micro-organisms that Duclaux insists that soil rendered sterile, so far as bacteria are concerned, and only supplied with sterilized air and water would

be insufficient to supply plants with the necessary elements of nutrition.

But that is not all we owe to microbes by any means. The staff of life, bread, is fermented and made palatable by them. The bane of life, alcohol, is produced from the same cause. Without them water containing organic material would never become pure. Trees would die standing and never decay, while everywhere stagnation and death would take the place of universal activity and life.

To the practical hygienist it is not enough for him to know that water coming from deep springs is free from poisonous germs but he must know how it can be kept so after it is brought to the surface and distributed to the public. The mere chemical analysis is not enough. Water containing many organic impurities may be so filtered as to contain but few bacteria and while absolutely fresh might be wholesome for drink. But if allowed to stand, as it usually must, it soon becomes contaminated with such hordes of putrefactive bacteria as to render it unfit for use. While on the other hand water containing certain forms of germ life as those of typhoid fever or cholera, though but few in number, is absolutely dangerous.

It would be interesting had we the time to say a word regarding the many species of water organisms already recognized, but the task is too great. Migula found twenty-eight distinct varieties in 400 different water supplies, and concludes that should any one contain more than ten varieties it must of necessity contain too many forms of organic impurities to be healthful.

Now bacteria are like people, good, bad and indifferent, and they may all be present in the same locality.

The good act the part of scavengers; they feed only on effete matter, and when the food on which they thrive is exhausted, they disappear.

The evil are desperadoes, outlaws upon society, and though able to withstand the hardships and deprivations of other bacteria they are never content to do so, and are only happy when throttling some stray leucocyte or stealing a ride into the human citadel on some alimentary train. It is not known whether pathogenic bacteria produce their fatal specific effects upon the economy by their activities or some toxic principle they produce. It may be both. True it is that the particular toxine, if such exist, has not been demonstrated in the water of previous media in which the bacteria lived.

The effect of direct sunlight upon nearly all forms of bacteria is interesting. Drs. Downes and Blunt demonstrated the fact nearly twenty years ago and to-day the attention of the pub-

lic is being more and more called to it. It has been shown in this connection that direct sunlight acting on fluid cultures of typhoid bacilli will kill them in from four to seven hours. The effect upon the diphtheria bacillus is practically the same, and others might be added to the list.

A curious fact in this connection is that the blue and violet rays of the spectrum are the ones that produce germidal effects and perhaps there yet may be shown a scientific basis for Gen. Pleasanton's blue-glass craze of twenty-odd years ago. It has been observed that many forms of air bacteria grown in the laboratory form colonies of a reddish or orange color which would intercept the violet rays and thus protect the organism itself from the depressing effects of light.

How light may act as a germicide we can readily appreciate when we think of bacteria as vegetable growths. Where do mosses and lichens grow on our shade trees? On the shady side. Where do fruits and provisions mould? Always in the shade. Many times the temperature in the sunlight would be more congenial to parasitic growths, but the fact that they do not there appear can best be explained by this theory.

"More light" has been the cry of the philosopher and the Christian, and the hygienist will soon join the refrain. Take off the blinds! Throw open the windows and let the glorious sunlight with healing in its beams come in.

At the present time but two virulent forms of pathogenic bacteria are often found in water supplies. These are those peculiar to typhoid fever and Asiatic cholera; though it is a part of every bacteriologist's creed that the lesser disturbances, as summer diarrhoea and dysentery, are often due to the same source. Indeed the logical conclusion of scientific investigation teaches that all activities are due to microbes, and what we used to know and call disease is really but a specific form of fermentation. Fermentation produces heat, and is as distinctly traceable to a vegetable organism in certain forms of human ills as to the decomposition of glucose by the yeast cell in the brewer's vat.

The typhoid bacillus is a short, thick rod with distinctly rounded ends, about 1-2,000 of an inch long and 1-50,000 inch in diameter. They are usually found in groups, and while in the body infect the lymphatic tissues of the intestine, mesenteric glands, spleen and liver. They are thrown off in the dejecta of a typhoid patient, in which they may live for considerable time, and from which supplies of water may become contaminated.

They are practically of no diagnostic value to the physician, for the following reasons. They so much resemble their twin brothers, the ordinary bacteria of the bowel, that no man by

simply looking at them can tell which is which. There are differences which appear in the laboratory cultures, as Dr. Klein has pointed out, which are very characteristic. The ordinary bacilli produce gas bubbles in a sugar gelatine culture. They sour or curdle milk cultures, and produce indol in a pepton solution,—all of which the typhoid bacilli do not. In sewage the common intestinal bacilli will thrive, while the typhoid disappear long before their nourishment is exhausted. But these experiments take time, and while the bacteriologist is performing them the clinical symptoms have enabled the attending physician to make his diagnosis.

The cholera bacillus, sometimes called the comma bacillus from its characteristic shape, is about the same size as the typhoid, and like the latter is found in the dejecta of patients suffering from the disease. They grow luxuriantly on blood serum or in milk cultures, but sour things they do not like and strong acids are to them deadly poisons. They are less hardy than ordinary bacteria, and if mingled on a soil with them in three or four days will be killed out.

All authorities concede the delta of the Ganges as the source and perpetual home of the cholera germ, which is communicated to the inhabitants of that region by the water of the river which is used for drinking purposes. Koch claims that water is not the only channel through which contagion may take place, hence each locality must be studied by itself if we are to successfully combat the disease. Cholera germs are more tenacious of life in water than the typhoid, and have been found alive in the harbor of Marseilles eighty-one days after being placed there. Koch found them capable of reproduction from cultures on agar 144 days old. Cold will depress but not destroy them, so that they will not reproduce under favorable conditions, while dessication at once proves fatal.

In the February number of the *Dietetic and Hygienic Gazette* is an interesting paper by Dr. A. C. Abbott showing the remarkable results of sand filtration in removing bacteria from water supplies. The Lawrence water, for example, before filtration contained 10,900 bacteria to each cubic centimetre (which is about  $\frac{1}{4}$  of a dram); after filtration it showed but 264, a reduction of 97.6%. He also claimed that pathogenic germs were diminished in like ratio, and cited in proof the death rate from cholera in 1892 of Hamburg and Altona. Both cities got their water from the same source but the Altona supply was filtered. In Hamburg the per cent of cholera cases was more than thirteen times as great as that of Altona. Lawrence reduced its death rate from typhoid fever more than 68% by filtration of its water supply, while Munich showed a reduction of 94% from the same cause.

The moral of the foregoing remarks is: First, that we should have water supplied from wells so deep or reservoirs so remote from human habitation that contamination from sewerage would be impossible. Second, in times of danger all water should be filtered and boiled, all food thoroughly cooked, while any indiscretions in eating or drinking should be avoided.

There is not time to speak of other germs. The plasmodium malariae is really a habitant of the soil, though sometimes communicated by water, and the diphtheria bacilli are more closely identified with defective sewage than public water supplies.

I have thus touched on the borderland of a vast and intensely practical field of scientific research. I regret that I have not had the laboratory training to permit me to speak more from personal observation and less from the books.

President McClelland in his annual address before the American Institute last year stated: "The bacteria of thirty-six diseases are known and classified." The microbe is here to stay. With certain forms we are engaged in mortal combat, while the result in all cases I suppose will be determined by that inexorable law, "the survival of the fittest."

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### PUERPERAL CONVALESCENCE.

BY DUNCAN MACDOUGALL, M. D., HAVERHILL, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

The proper conduct of the lying-in period is to my mind one of the most important matters in the practice of obstetrics. I believe it is essential that the physician should have as absolute command during this period as he has in the hours of suffering before the child is born, and that by skilful care and watchfulness much can be done to circumscribe the field of gynæcology. The proverbial "ounce of prevention" is sadly needed during puerperal convalescence. I take it that we are all agreed in regard to the matter of cleanliness, attention to the bladder, breasts, diet and so on; but it is in viewing the question of the duration of the lying-in period that we find enough indefiniteness of both opinion and practice to afford matter for thought and an excuse for the presenting of this paper.

Not enough consideration is given to the important matter of uterine involution. As far as my short experience proves, too little is done in the way of differentiating cases that will undergo speedy involution from those that will not. The modern conditions of living are such as to induce innumerable causes that are operative in retarding uterine involution. We are taught that ten days is a good average time for the lying-in

period. Another rule also is to let the patient rest until the fundus of the uterus is on a level with the pelvic brim. To my mind the cases that should be made exceptions to these rules are more numerous than those that agree to them. It is not enough that women of savage tribes are cited as passing through labor and recovering therefrom with wonderful facility. Records of observations of labor among primitive people are not full and wide enough to make them become a fitting criterion from which to judge the parturient of civilized and advanced races. The parturient has been compared with females of the animal creation in a similar state, but I contend that there exists no ground of comparison between them, since the horizontal posture common to the latter changes entirely the relation of the uterus to the pelvic structure and to the influence of gravity.

I agree with those who believe that labor when normal is a physiological and not a pathological event, but I think that we do not give enough attention to pathological states that may be present which may affect largely the period of convalescence and the woman's future well-being. Someone has said—and with very much truth—that the parturient woman is on the borderland between health and disease. Every physician who has to deal with obstetric cases is satisfied of the truth that involution does not proceed with equal rapidity in all cases, and many, I have no doubt, are satisfied that even when the fundus is at the brim (on a level with it) there are many cases in which involution has not proceeded far enough to warrant the physician to allow the patient to assume and maintain the upright position. With the fundus on a level with the brim the uterus will frequently be found heavy enough to become displaced when the upright position is assumed and maintained. The existing laxity of its own ligaments, and gravity will tell upon it. All the conditions favoring displacement are present, the uterus heavy, the supporting ligaments still lax and easily stretched, the vaginal walls and the tissues forming the floor of the pelvis often not having regained their tonicity; what is there to hinder the uterus from sagging down in the pelvis and carrying the tubes, ovaries, and even bladder with it, if the upright position is assumed and maintained? We are all familiar with the cases of sub-involution, pelvic congestions, endometritis, etc., that furnish a large part of gynecological work, and without doubt many, very many of these cases are directly traceable to the brevity of the lying-in period, the too great haste of the mother to make the boasted "speedy recovery" and resume her duties in the household.

Here, then, is a field for preventive medicine, and the remedy to apply is simple. Rest, more rest, a prolongation of the

lying-in period, is needed, not in every case to be sure; but in many cases that should and do not get more rest. We have not yet measured the value and importance of rest. Take for instance one of the commonly recognized causes of uterine sub-involution—laceration of the cervix; I have seen a severe laceration of the cervix dwindle into insignificance under the marked degree of involution obtained by three-and-a-half weeks of absolute rest. The uterus was then very small and firm, the cervix was likewise, and a laceration that would surely have needed surgical attention if an excellent degree of involution had not been obtained, had become one of no moment whatever. We have heard much about the influence of laceration of the cervix in causing sub-involution; I think we should hear a little more about the influence of sub-involution, not in causing laceration, but in maintaining a pathological one, a state as it were of sub-involution in the laceration itself.

I should lay down this rule, that, if there is present in the parturient any condition that from its nature would interfere with the progress of involution, such condition should receive proper attention and an increased period of rest should be allowed to the patient. One or two weeks of additional rest is a small price to pay if by it the causes of sub-involution are nullified, and the latter with its consequences is avoided. One brother who is present strongly advocates the upright sitting posture after the first two or three days, because it facilitates the flow of the lochia, a natural drainage so to speak, thereby helping to prevent sepsis. With all due respect to my esteemed brother's opinion I would object to that treatment because even in the recumbent posture the parturient canal forms an inclined plane downward from the fundus uteri to the vaginal orifice, which admits of drainage without the risk of the uterus sagging down in the pelvis. An approach to the semi-recumbent position might be still better.

In estimating the period required for puerperal convalescence much attention should be paid to the individuality of each case. Is the patient constitutionally strong or weak? Did the patient begin labor strong and well rested, or overworked, tired, and exhausted? Was labor easy or difficult and prolonged and exhausting? Was there any existing disease previous to confinement? Was there any excessive loss of blood? Was labor premature? Is the patient predisposed to phthisis? Are there any existing lacerations of the parturient canal? These and many other questions have a proper bearing on the duration of the lying-in period.

In regard to laceration of the cervix it seems to me that there can be no possible objection to the introduction of the clean finger of a clean hand into the vagina after labor is completed to

determine whether laceration exists or not, and the degree, and if it is discovered, a longer period of rest should be insisted on. The number of lacerated cervixes that of the present time come to operation might be very much diminished by the judicious application of more rest at the time the uterus is undergoing involution. I believe it lies within the power of the obstetrician to limit the number of cases that are constantly pouring from his hands into those of the gynæcologist. If there is any doubt that involution is not well advanced it is well to go by no ten-day, or fundus-at-the-brim rule, but make that doubt a certainty by means of the bi-manual method, and if the uterus be found spongy and boggy and weighty, the cervix lacking tonicity, then the recommendation to longer rest would follow until the uterus became firm, and the weight decreased. If we can in this manner prevent the development of even a small proportion of pelvic diseases, let us by all means do so, for if the present go-as-you-please treatment of puerperal convalescents continues, a healthy pelvis with healthy viscera will be a rare thing indeed.

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*TOXIC AMAUROSIS, WITH TOTAL LOSS OF VISION;  
DUE TO CHRONIC LEAD POISONING.*

BY FREDERICK W. PAYNE, M. D., BOSTON, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

It is a fact that individuals are, to a greater or to a less degree, susceptible to the toxic influence of poisonous agencies. Among the common forms of poisoning, and to which families are often subjected, may be mentioned solutions of lead, from the lead pipes in houses, and from which the family drinking water is taken. The case in question is that of a bright, precocious youth of eleven years; son of intelligent parents, and a specially attractive child. Previous to his present illness he had been remarkably healthy. He was brought to me for treatment, after vision in one eye had nearly gone and in the other was decidedly faulty.

Nine months before his first visit he began to develop headache, especially in the left side of vertex, extending from the occiput to the forehead, with throbbing pain in forehead; these headaches gradually increased in severity till the child was almost wild from persistent, severe suffering. It was soon noticed that the pupils were steadily and gradually dilating, to a different degree in each eye, inasmuch as the left was the first to be affected, and as the dilatation of the pupils advanced, his eyes assumed a staring appearance, as if bulging and he complained of not seeing clearly. The dilated pupils were rigid,

and did not respond to the stimulus of light. The right eye soon followed the left in the visual loss, till, on his call at my office he had scarcely more than a slight perception of light in both eyes, being prevented from seeing, as he said, "by a dense blur" always before him.

At the onset of his illness he became feverish, with chilliness accompanied by great thirst; he also had spells of bilious vomiting, while the mouth and throat developed a marked condition of aphthæ. On his first visit the right eye was diverging and on attempting to perform an accommodative effort, the eyes showed much spasmodic jerking. He had been treated in Canada by the family physician, who failed to discover the exciting cause of the disease, and who finally sought council concerning it.

Possessing the knowledge that the marked symptoms of the case were to be found under the proving of "Plumbum" in our materia medica, and, on looking around for a cause for such a serious condition developing in a youth formerly so remarkably healthy, I came to the conclusion that lead poisoning was probably producing the illness, so an analysis of the urine was requested, and a sample was sent to an analytical chemist of this city, who pronounced having found "large quantities of metallic lead in solution in the secretion."

After this discovery effort was made with reference to finding the source for the poisoning influence, and it was ascertained that the family were in the habit of drinking rain water from a cistern, in which was a lead pipe, projecting to the extent of a foot and a half into the body of the water. The constant maceration of this metal had, of course, allowed minute particles of lead to be suspended in the water, and the daily drinking of it had caused the condition of chronic poisoning. This water had been used from the cistern for months, and the poisonous results were manifest in the boy alone, although all the members of the family had regularly drunk from it.

The young man is now 21 years old; he is totally blind, excepting for consciousness of shadows in a bright light, with one eye only. This case not only shows how important it is that the general practitioner, who is more likely to meet such cases at the onset than the specialist, should early recognize the symptoms as those of lead poisoning, so that the source of error may be promptly corrected and antidoted, but it also proves the fact that some people are more susceptible than others to the toxic influences of one agent or another. The old saying, "what is one man's meat is another man's poison," is here well illustrated; in some, serious disturbances are produced, while with others there is comparative exemption.

Under the proving of "Plumbum" in our materia medica, is

shown a perfect picture of this case. Many of the symptoms there given are the result of poisoning where the metal was used in manufacturing, or from exposure to the vapors in lead and silver mines. The symptoms bearing on one case are as follows, viz.: under "Head" is: "headache, violent pains in the integuments, and in the skull bones, from the occiput to the forehead; violent headache, with vomiting, every second or third day; headache proceeding from the occiput, with bilious vomiting." Under "Eyes" are the following symptoms: "protruded eyes, with staring look; diminution of the visual power; blindness; pupils very much dilated, and immovable. In complete blindness even, from lead poisoning, light is distinguished from darkness. It not infrequently happens that the two eyes are attacked with different degrees of amaurosis, and that the pupils are capable of different degrees of dilatation. Patients squint slightly. One eye never gets blind alone." Under "Mouth" is "aphthæ, with offensive breath." Under "Fever" is "chilliness, and great thirst."

The young man has now grown to man's estate; is large, healthy and powerful, but is practically totally blind. He has received an education at the Perkins' Institute for the Blind, at South Boston, and has developed into a fine musician. This latter statement I make to show that there is no brain disease existing as a complication, but that the atrophy of the optic nerve was of the ascending, or primary order, rather than that of the descending.

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#### *USE AND ABUSE OF CALISTHENICS IN OUR PUBLIC SCHOOLS.*

BY EMMA J. PEASLEY, M. D., WEST SOMERVILLE, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

Since physical culture has become a never-ending fad it becomes us as physicians to be prepared to say to what extent it is harmful and to what extent it is beneficial for the children for whom we are called upon to decide the question.

In the year 1850 the Legislature of Massachusetts passed a law authorizing school committees to make Physiology and Hygiene, a compulsory study in the public schools—which the committee did—and the public learned that a healthful body was essential for healthful mental development, and demanded that physical culture be taught. Since 1884 it has been taught in the public schools of Boston and surrounding cities and towns.

Boston adopted the Ling or Swedish system in 1890, and is considered the most influential centre for promoting Swedish

educational gymnastics—most of the other cities, including Chicago, Kansas City, Cleveland, Denver and Indianapolis, using the German system.

I need not tell you of the untiring efforts of Mrs. Mary Hemenway of this city to have the Ling Gymnastics taught in the schools, and how by her wisdom, generosity and public spirit, the great work was accomplished—she believing that they were best adapted for school purposes.

Ling made the study of calisthenics his life work, and developed a series of movements whose main purpose is to create and maintain health, and develop the physique, the movements representing feats of strength being entirely eliminated—such as hanging by the toes, neck, back, etc. Ling says that “One ought not to eat everything one can swallow.” To what degree this purpose is successful can be fairly estimated by comparing the result with that of other equally well known and tried methods. Gymnastics, while developing the physical, does not neglect the mental faculties. Both teacher and pupil from the beginning to the end of the lesson must know how to execute the present movement, and be prepared and ready for the following movement, thus developing concentration of thought, which is to a large degree neglected by the mechanical way in which most of the studies are taught.

In most of the cities where other systems are used, the pupils are taught by instructors especially prepared for the work, but in our city the work is done principally by the teachers of the regular branches, supervised once in three weeks by a graduated instructor. And just here the questions arise: Are the regular teachers competent to do the work required of them? And how are they taught?

I have carefully studied the way that the teachers in the Somerville schools are taught, and feel that it is a fair estimate of the way in which the teachers of other schools are taught. Those who were graduated before the adoption of the Ling system in the schools, were almost without exception taught another method, one requiring the use of apparatus; so to have the regular teachers prepared to instruct the pupils in this particular system necessitated their attending a preparatory school, which they did, once a week for a year and a half, teaching the children what they learned from week to week. Since the expiration of that year and a half until to-day all the teachers, graduates before and after '90, are required to take a lesson one half hour in length every three weeks.

The question, Are they competent? is not so easily answered as How are they taught?

If we know anything of gymnastics, we have learned that all persons are not equally well fitted for the work, either men-

tally or physically. One weighing two hundred pounds, one with a weak, small voice, or one improperly dressed, surely cannot teach as well as one slight of stature, with a military bearing, and commanding strong voice. When they take the lesson they must dress in proper costume; when they give one, movements are impeded by unsuitable clothing.

Then many teachers are like some physicians, "not especially interested in the work," but because calisthenics is a compulsory study, the day's order must be given somehow. This can be seen by visiting several schoolrooms, and observing the haphazard way in which the commands are given—not fitted to enthuse the pupils in the smallest degree—while in others the teachers recognize the importance of gymnastics and are able to bring each individual up to the highest standard of excellence.

While the Swedish system has many good points (and one especially good, its disciplinary feature), it is still subject to much criticism, and in many ways the passive movements are not fitted to the requirements of energetic Americans.

Baron Posse who we know is a noted teacher of the Ling system, being a graduate of the Gymnastic Institute in Sweden, a few years ago opened a gymnasium in this city, in which the Swedish system pure and simple was taught. After three or four years I believe he found it necessary to adopt apparatus work—more like the German system—namely parallel bars, wands, clubs, dumb-bells, etc., finding as he said that a Swede is not like a German, nor is either of them like an American. He says that we ought to select the best from all systems and call it American.

Then the Swedish system, like massage, is not fitted for every case. For some children the movements are active enough, for others they are merely a change of position. If the children could be divided into sections, and the movements selected which are best fitted for each division, there would be many found who require and need the more vigorous movements such as apparatus only can give. The method taught in the schools previous to the introduction of the Ling system was well fitted for many pupils, for whom the "Hips firm," "Neck firm," "Arms stretch," etc., are only pastime.

Then for others the "Trunk backward bent," with "neck firm," is a strain on the abdominal muscles which can hardly be borne. A girl thirteen years of age to whom I was called, was severely strained by this movement, and I have heard other physicians say that they had been called to such cases.

How much more restful and invigorating a few well chosen movements with dumb-bells or Indian clubs of proper weight just fitted for individual cases, accompanied by music, would be, giving tone and character to the work that the necessary com-

mands of teacher cannot possibly give, however commanding the voice may be.

By invitation of Miss Blanche Bemis, the special instructor of calisthenics, who is an excellent teacher, I accompanied her to one of the grammar schools in Somerville. We visited six rooms, each one seating about fifty pupils.

In the first one every seat was occupied by boys and girls averaging about twelve years of age. Here the special instructor gave the day's order. She bade them prepare for exercises, and when the order was given every child arose; then a window in the back part of the room was opened about a foot from the top, and the door leading into the hall was opened. The teacher in a very stern voice gave them the orders, which to me can be clearly and definitely described by the word "passive." There was nothing active, lively, invigorating, nothing to quicken the blood flowing through the body—standing in aisles less than three feet in width, practically in one position for five minutes, no marching, no music, no resistance, simply obeying the orders of the teacher.

In another lower grade the exercises were done in the same way, but here there were no open windows, and the air was vitiated by the breathing of fifty persons for over an hour; and so on through six rooms, only one being properly ventilated.

Now how this work can be made beneficial, and at the same time attractive, is a question which should interest us.

First and foremost, the instructor should be one who teaches calisthenics only, is well fitted physically for the work, and clothed in proper costume to illustrate the movements. No woman with skirts can properly show the movements of the legs and abdomen.

Then there should be a well ventilated gymnasium in every school building, with proper apparatus including music, where the pupils could march once or twice daily for a half hour's work, where they should be graded, not mentally as for other studies, but physically, under the direction of a physician.

Any one interested in educational matters would appreciate the move, as one in the right direction; for not only have we to educate the children, but the parents also.

The benefits derived from such a change would be innumerable, and we might expect, instead of the race being of dyspeptic, irritable, nervous temperaments, strong, healthful men and women. And what would help the promotion of these conditions more than a thorough physical training in childhood and youth?

## EDITORIAL.

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

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## INDICATIONS OF PROGRESS.

It is now looked upon as an established fact that "de world do move," although humanity was slow to recognize the fact. The old school of medicine also moves, slowly perhaps in the line of true progress, but it "do move." A little testimony to this fact is subjoined, and more is easily obtainable. This testimony is one of the naively unconscious, certainly unintentional, acknowledgments that sometimes escape from a well-esteemed traditional practitioner that medicines selected and administered in accordance with homœopathic principles act in a gentle and efficacious manner. As a matter of experience "one who runs may read" in current old school medical literature evidence that the formerly much maligned and laboriously ridiculed formula *similia similibus curantur* is of some real utility and worthy therefore of adoption. Hahnemann did not invent the humoral pathology, cellular pathology, germ theory, serum therapy, or any of the ephemeral theories, "fleeting shows" of the generation, the inventors of which have been revered as men of extraordinary genius by the profession at large. But he did develop a truly scientific method of learning the curative power of drugs by first studying their pathogenetic power; and he did discover a method of treating diseases, a method of wide application, reliable and unchanging, that has successfully withstood the test of time, and that has been of inestimable benefit to suffering humanity. For these things he has not even yet received the voluntary recognition, the cordial commendation and the gratitude of the whole medical profession which so eminent a discoverer and so great a benefactor of mankind justly merits. It is to be hoped that sometime before the "waves of eternity" submerge all things terrestrial it will be openly acknowledged in an honest, manly fashion by the traditionally rational and conservative school of medicine that real progress in therapeutics lies along the lines projected by Hahnemann a century ago.

*Mercury and Podophyllin for Diarrhœa.*

As a sign of the progress referred to in the foregoing the following quotations are made from an account of the session of the section in medicine of the American Medical Association at its recent meeting in Baltimore. A paper entitled "Calomel: A Study of its Physiological Action and Therapy in 144 cases of Gastro-Intestinal Disorders. Is it a Diuretic, per se?" was read and discussed. The pathogenetic action of calomel is so well known that it is hardly necessary for the homœopathist to be told that "calomel is a purgative," that "large doses cause griping and pain in the adult," that "as to the effect of calomel as a cholagogue, we know that when we give it we get bilious stools." It is interesting, however, to read:

"If we will thoroughly triturate (not merely mix) our drug with milk-sugar, our results will be far more gratifying and our dosage greatly reduced. The remedy is heavy and naturally slow of absorption, owing to the large size of its individual crystals, and the consequent small area of distribution over the alimentary tract. It can be easily detected by the ammonia test in so small a proportion as 1-1,000."

\* \* \* \* \*

"Calomel is believed to stimulate bile-secretion by its direct action on the liver cells. In diarrhœa it is partly absorbed and partly exerts a local antiseptic action. It neutralizes toxins, prevents germ formation and increases peristalsis. It is applicable to diarrhœa from improper food, to bilious diarrhœa in adults, to dysentery and the bowel flux of typhoid fever. A small dose of podophyllin could be advantageously combined with it in adults and ipecac in children. Valuable results also were found in the diarrhœa of alcoholism in so small doses as 1-50 grains combined with 1-100 podophyllin every three or four hours."

It may be that our conclusions are the result of prejudice rather than of logical reasoning, but all this seems like a very pretty bit of homœopathizing.

In this connection it may prove interesting to quote from "The Daily Lancet" part of an article credited to the "Boston Medical and Surgical Journal" in which the action of aconite in aborting acute bronchitis is seriously discussed. One of the last contributions of the celebrated Dujardin-Beaumetz to therapeutics was his recommendation of "massive doses" of aconite

in the treatment of bronchitis. The article in question opens with this sentence: "We are indebted to a French therapist for the knowledge of how to abort an attack of acute bronchitis." Any student of homœopathy may safely challenge the accuracy of this statement. The following quotation illustrates the pathetic groping of leading old-school therapists after light and their refusal or inability to recognize light when they see it.

"Just on what principles these large doses of this powerful narcotic are supposed to act in breaking up a bronchitis, the distinguished writer does not inform us. We have been taught to regard aconite in such doses as an energetic spinal, cardiac and vaso-motor depressant. Good authorities, as Brunton, Stillé, H. C. Wood, Ringer, recommend small doses often repeated. Even Dujardin-Beaumetz admits that the large amounts do harm, and that susceptible persons have died from the effects of such massive doses as he recommends. Therefore we must first be sure that our patient has no unusual susceptibility to the drug.

"But, seriously, it must be asked on what principle aconite given in any dose does good in a cold or in a bronchitis? And perhaps it would be difficult for even the enthusiastic prescriber of the drug to give a perfectly satisfactory answer. He would probably say that he gives aconite from empirical considerations. It might be alleged, too, that the aconite slows the pulse, lowers the temperature, quiets the nervous system and so benefits the patient. Dr. Fleming's conclusion, from a consideration of the action of this drug on the circulation, is that it is a medicine of great value in all cases where there is inordinate activity of the circulation; it lowers the arterial tension, and so diminishes the flow of blood to the part. Many think that this is not absolutely demonstrated. *Ringer says that aconite causes capillary congestion. Cold does the same.* Aconite cures because it depresses the vaso-motor system, and hence lowers the excitement of febrile reaction. *But in order to accomplish this the dose should be small and frequently repeated,* so as not to allow any secondary wave of reaction. Large doses produce too powerful a shock to the nervous system, and the ensuing reaction is intense; any therapeutic gain is bought at the expense of too much prostration.

"These considerations, whether entirely well-founded or not, have influenced great numbers in the profession. Aconite is still given largely in bronchial complaints, *but in small doses.*"

## EDITORIAL NOTES AND COMMENTS.

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## SOME SUGGESTIONS TO RECENT GRADUATES.

The young physician just coming into active professional life finds himself placed on an essentially different footing from that which he has occupied during the four years he has spent as a student. The world looks at him and he must view the world from a new standpoint. Hitherto he has considered the profession with its treasures in the light of what it owed him, and all that he could gather from it was to him so much gain. He has said to himself, "The school's mine oyster," and has extracted all the juices and molluscan riches that were available, giving nothing in return.

This is scarcely a defensible position. To be sure he has deposited the sums of money required of him, with the idea perhaps that he was paying for his instruction; but what does he receive in return? His "filthy lucre," it is true, pays for the lighting, heating, and possibly repair of buildings, with, it may be, a few dollars surplus, which is readily swallowed up by demands for supplies; but the great fund of knowledge from which he is drawing is not to be bartered for. The store of medical riches of all ages, from the time of Hippocrates and Galen, has been brought down to him, receiving its last filterings through the brains and personality of his professors, as they appear before him from day to day.

Can these things be bought and sold? Truly, their price is above rubies! To-day, the medical student, doffing his cap and gown, must look back with reverence and gratitude on the immediate guides of his footsteps, and beyond them down through the long lines of earnest, hardworking and worthy predecessors in the profession, and having served his apprenticeship in the workshop, must go out into active, earnest life. What does he not owe to himself and to the men who have trained him, to those who follow him, in short to the profession as a whole?

First and foremost, it is for the recent homœopathic graduate to remember that he has a principle to uphold, and let that sustain him in the work that is laid out before him.

There are temptations to go astray. Ever since medicine was born into the world, and ever since mankind began to acknowledge in its midst the presence of master minds — as soon as there was one to lead another, men began to follow fads. With or without reason we have seen this *ology* and that *pathy* rise, flourish and gather followers, and decay, to leave but little trace of its existence. "The wind passeth over it and it is gone, and the place thereof shall know it no more."

There is a sort of psychic pathy, a universal miasm afloat in the atmosphere, which lies in wait to fasten upon the unwary. We

look back with a smile upon the "blue glass" days; the profession has gone through various epidemics; aurum has held sway, and organic extracts have threatened to sweep all before them; and to-day we are in the midst of a serum-therapy fever of a temperature and virulence which will bear watching. Astrology and theosophy are rife in the land, and even now palmistry lifts itself, and its parasites are still to be found without the aid of the microscope. Even on the public thoroughfare, one may find the astrologer, who will for a pittance cast his "horoscope" and by the aid of the heavens predict for him long life and happiness.

All these find ready victims, and no one is safe from periods of like dire disease. The strong man and the weakling in the profession alike suffer attacks, which may be light and through strength of constitution easily thrown off; while some, alas, go down under the contagion never to rally, and either pass out of sight, or live on helpless and invalided. There are cases where the victim emerges cleansed and purified; being rendered immune by the disease. Happy that man who, snatched from the *paths* which lead but to the grave, lives to glory in the strength and knowledge born only of experience.

But here comes to the true follower of homœopathy the only hope which may be held out. We have in our midst the only virus which can prove in itself such an antitoxine as to render us free, so far as immunization be possible — a principle sure and certain — the great one propounded by Hahnemann, and taken up by all his followers — *similia similibus curantur*.

The student who will use this, and in its use hold true to its meaning, can have nothing to fear, and will come through such epidemics bearing no scars. He may have the safeguard of knowing that he is following the only proven scientific therapeutic movement of the world.

The profession requires of him that he hold this banner unspotted and carry it forward. The man who in the guise of a physician, comes before the world to-day for the first time, is not looked to for achievements in science, but there is every reason to expect that he will lend his voice to corroborate the statements already made, and his help to carry forward the investigations already begun. This is due from him, and he cannot in duty, delay to begin the payment of interest on the vast debt which medical science has laid upon him. w.

THE HOMŒOPATHIC DEPARTMENT OF THE UNIVERSITY OF MICHIGAN is well on the road out of the difficulties which have enveloped it of late years, as is testified to by the following clipping from a Detroit daily. Homœopathists everywhere will rejoice in this solution of the problem which has attracted so much attention. The faculty of the school has been appointed and full announcements will soon be made:

"The homœopaths, notwithstanding the opposition of a majority of the regents of the university, have won a signal victory. The regents opposed the bill for the removal of the homœopathic school at the university from Ann Arbor to Detroit, for one principal reason, because it might prosper so well at the metropolis that the regular school might follow it in a few years, and thus in a sense begin the disintegration of the university. The house to-day, by vote of seventy-six to six, passed the bill for the removal of the school to Detroit and appropriated \$25,000 for a building. Wealthy lay homœopaths will contribute \$20,000 for a site for the building, contiguous to Grace hospital. Representative Saxton, of Jackson, a homœopathic physician, has the honor of having cast the winning vote for the bill, which was the fifty-first. The bill passed the senate last week. Governor Rich has all along been in favor of the bill, and his signature is assured.

A PROSPECTUS has been issued setting forth the advantages to be gained by the formation of a NATIONAL MUTUAL INSURANCE ASSOCIATION, to be composed of Physicians and Pharmacists of the United States, and organized on a coöperative basis, to be known as "The Physicians' Insurance Association."

It is proposed that different Chapters be formed in as many states, to which practitioners of Homœopathy, and Eclectics, in good professional standing, shall be eligible as members.

The purpose of the association is to benefit surviving relatives of physicians deceased, to whom shall be paid one dollar from each member enrolled in the chapter.

The plan seems to have met with hearty approval, and the prospects for a meeting of representatives sufficient to organize the Supreme Chapter at Newport, R. I., during the meeting of the Institute, are extremely favorable.

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## SOCIETIES.

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### *BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

#### REGULAR MEETING.

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, May 2, 1895, at 7.45 o'clock, President H. C. Clapp in the chair.

By vote of the Society the reading of the records of the last meeting was omitted.

The following physicians were proposed for membership: O. C. B. Nason, of Reading, and Edward H. Wiswall of Boston.

The following physicians were elected to membership: Fred W. Dodge, of Norwood, and Charles S. Gleason, of Wareham.

On recommendation of the executive committee the Society chose the following list of delegates representing the several institutions named, to the next session of the American Institute of Homœopathy to be held at Newport, R. I., in June next:—

I. T. Talbot, M. D., C. Wesselhoeft, M. D., Boston University School of Medicine; H. C. Clapp, M. D., Boston Homœopathic Medical Society; T. M. Strong, M. D., Massachusetts Homœopathic Hospital; A. H. Powers, M. D., Homœopathic Medical Dispensary; William L. Jackson, M. D., Roxbury Homœopathic Medical Dispensary; George S. Adams, M. D., Westboro Insane Asylum; J. P. Sutherland, M. D., New England Medical Gazette; George E. May, M. D., Newton Hospital; Charles Leeds, M. D., Rufus S. Frost Hospital, Chelsea; J. W. Hayward, M. D., Morton Hospital, Taunton; H. C. Hallowell, M. D., Quincy Hospital; George B. Sawtelle, M. D., Malden Hospital; E. B. Holt, M. D., Lowell Hospital; A. H. Carvill, M. D., Somerville Hospital; Duncan Macdougall, M. D., Consumptives' Home; N. Emmons Paine, M. D., Newton Nervine; Alonzo Boothby, M. D., Boothby Surgical Hospital; Julia Morton Plummer, M. D., New England Moral Reform Society.

The society voted that the next meeting be postponed one week and held on June 13, since the original date would conflict with Commencement day, etc.

Dr. W. L. Jackson referred to the proposed meeting of the section of electro-therapeutics for Oct. 3, and stated that the meeting of the National Society of Electro-Therapeutists would be held in Boston on or about Sept. 17. He moved that the Society hold its meeting instead in connection with the National Society on the latter date. Carried.

Dr. W. T. Talbot on behalf of the B. U. S. M. Alumni Association spoke of the plans for a clinical day for the alumni on the day preceding commencement, with special clinics at Dispensary and Hospital in the earlier part of the day, laboratory demonstrations in the afternoon, and a supper for the alumni at the college in the evening.

### *Scientific Session.*

#### *Pathological Specimens.*

Dr. Horace Packard presented one pathological specimen—hydrocele. The condition was due to traumatism with accumulation of fluid within the scrotum, greater on the right side. Operation consisted in cutting through the integument. The sac containing the atrophied testicle was easily enucleated,

ligated and removed. Later, operation was performed on the other side and that testicle left in situ.

Dr. W. J. Winn presented a specimen of a cæcum with adjacent portions of colon and ileum and the vermiform appendix in a state of inflammation with gangrene and perforation. The patient, a man over 50 years of age, had suffered from attacks of so-called "bilious headache" for several years, with vomiting, diarrhœa and pain in lower abdomen and right inguinal region. About six days before his death another attack began. The pain was moderate in character and he kept about the house. In the early morning of the day before his death he arose and suddenly fell, becoming unconscious. The abdomen became distended rapidly, and tender. In about thirty hours death occurred. On autopsy a condition of septic peritonitis was found, which on careful search was discovered to have resulted from rupture of a small abscess cavity in the region of the cæcum, the walls of which cavity were formed by agglutination of adjacent loops of intestines. The appendix was gangrenous and perforated. Unquestionably the collapse the day before death occurred from rupture of abscess into general peritoneal cavity. The case was first seen by a physician after rupture occurred and patient was in a hopeless state.

#### *Section of Pathology and Therapeutics.*

F. B. Percy, M. D., Chairman.

L. H. Kimball, M. D., Secretary.

Mary L. Swain, M. D., Treasurer.

#### *Programme.*

1. "Three Cases of Hæmatemesis in Labor," Walter Wesselhoft, M. D.
2. "Hemorrhage from the Bowels," Henry E. Spalding, M. D.
3. "Epistaxis," Winslow B. French, M. D.
4. "Hæmaturia," John P. Sutherland, M. D.
5. "A Case of Barlow's Disease," F. B. Percy, M. D.

In the absence of Dr. J. L. Coffin his paper on "Purpura" was omitted.

#### *Discussion.*

Dr. George A. Tower referred to Dr. Wesselhoft's very valuable paper, and said that since 1877 he had had a number of cases of hæmatemesis during labor, all of which occurred after ether anæsthesia. Consequently he had since felt some reluctance in administering it during labor.

Dr. Joseph Chase, Jr., said: "One point attracted my attention, that of unyielding soft parts in parturition. Some authorities advocate the use of cocaine applied to the soft parts and

claim it has a relaxing effect. I tried it in one case with success."

Dr. F. W. Halsey in opening the discussion of Dr. Spalding's paper said: "Several years ago while conducting a country practice I had frequent cases of typhoid fever with hemorrhage. Under such circumstances local treatment avails little. Hamamelis, ipecac and belladonna were used with great success, so I rarely lost a case of typhoid. The subject of rectal hemorrhage has been thoroughly covered. There are some cases where it is impossible to ligate the bleeding point. In these cases the sphincter should be dilated and the vessel secured if possible. Ligation after sloughing away of a polypus, etc., is wellnigh impossible. In such cases pack the rectum. Dr. Allingham taught the use of the sponge but some other method is often preferable. Dr. Matthews in a recent work has suggested the winding of a rubber tube with wool or cotton and used by placing above the hemorrhagic point and then pulling on the string attached to the cotton and removing through the tube. The tampon is adapted to its location and made to exert the requisite degree of pressure."

Dr. L. A. Phillips considered china silk a direct hæmostatic and a plug like that mentioned by Dr. Halsey covered with china silk is almost an absolute controller of rectal hemorrhage when the area is available. He protested strongly against the cautery or cauterizing substances if anything else would do.

Dr. A. H. Powers cited the case of a man 50 years old with purpuric spots from the crest of the right ilium up nearly to nipple. The spots were 1 to 1½ inches in diameter. Before the spots appeared the clinical aspect of the case suggested zoster. The liver was found enlarged, albumin was present in the urine and bronchitis was manifest.

Dr. J. Herbert Moore had found cotton wet in saturated alum solution very efficient in epistaxis.

Dr. George H. Earl presented the case of a young man who had nose bleed from two to four times yearly from one to seven days in duration. In this case the hereditary feature was marked as the son of the eldest daughter for several generations had been a bleeder. This young man's grandfather was a bleeder in youth. The various hæmostatics, including iron, were tried with poor results. Packing a plug of cotton far back in nasal cavity with loose cotton in front of that and a firm plug in the anterior nares was very effectual.

Dr. F. W. Payne cited a very interesting case of frequently recurring epistaxis apparently dependent on ocular derangement, and successfully treated by proper glasses and carbo veg.

J. EMMONS BRIGGS, Secretary.

*WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.*

The regular quarterly meeting of the Society was held at the Y. W. C. A. building Wednesday, May 8, Vice President Dr. Carl Crisand in the chair.

The minutes of the last meeting were read, and the report of the librarian, Dr. E. A. Fisher, was accepted.

Dr. E. A. Jones, of Uxbridge, was elected to membership.

An additional assessment for 1895 was voted to defray the expense necessary in removing the library of the society and for providing cases for same.

Dr. J. K. Warren was elected a member of the Board of Censors for 1895 to fill the vacancy caused by the death of Dr. D. B. Whittier.

Dr. Lamson Allen was appointed chairman of the August meeting to fill the vacancy caused by the absence of Dr. Ellen Keith. This concluding the business of the day, the meeting was placed in charge of Dr. W. H. Bennett of Fitchburg, chairman of the Bureau of "Obstetrics and Surgery."

Dr. Luscomb presented for diagnosis a case of tumor of the inferior maxilla, prefacing the presentation with a paper on the differential diagnosis between osteoma and osteo-sarcoma.

Dr. Pratt gave a lengthy paper on "Hemorrhage," with clinical reports of a number of cases of hemorrhage from different organs of the body, and treatment adopted. Time having arrived for dinner the meeting adjourned till 2 o'clock.

At 2 o'clock President Dr. G. A. Slocomb opened the afternoon session. It was thought to be more in accord with the known wishes of Dr. Whittier, not to present formal resolutions of sympathy, but rather to have as full a report of the sentiment of the afternoon session as possible, made, arranged in a suitable manner and sent to his family, with the expressed sympathy of the society. Dr. Slocomb said: "It is fitting that we lay aside our business of this day and devote this hour to the contemplation of the life and character of one who was one of the founders of this Society, and whose constant and faithful devotion to its interests has helped to mark the progress it has made. Dr. Whittier was a strong man in every sense of the word; strong rather than brilliant; a man of unswerving devotion to principle, in its broadest meaning—truth."

Dr. Brick gave an outline of his earlier associations with the Doctor, closing his remarks with the expression: "Dr. Whittier was sometimes termed cranky, but he was honest in his convictions, and this peculiarity always turned in the interest of morality. He was an honest man, loved and respected by all."

Dr. Barton said: "In speaking of the Doctor in an informal way among ourselves, it is difficult to point out any one feature

in him more prominent than another that made us love him. On the social side of his life, when away from business cares at the annual meetings of the American Institute, in the Boston societies, and at our own quarterly meetings in Worcester, he was always a prominent figure. His pleasant, laughing greeting and universally social manners will always be remembered. As he grew older and his head bore white hairs, his bright expression never grew dull, and it always made us feel good to have him with us. We could provoke nothing but a pleasant repartee by our critical interruptions when he was giving us his deductions in his peculiarly positive manner. His practice of taking vacations and attending meetings of one or two days' sessions, dropping all care with the determination to have a good time among his fellow physicians, is certainly a most commendable one. Dr. Whittier was one whose conversation was unintentionally instructive. He possessed the virtue of being a good listener, one who drew others out and gently guided the current of talk into profitable and pleasing directions. At the same time there was nothing of the boastful manner in the doctor. On the other hand he was extremely modest in speaking of his successes."

Dr. J. K. Warren spoke in a feeling manner of the Doctor's constant and regular attendance at the meetings. "For twenty-five years at various times I have enjoyed the hospitality of his home. He was a man of strong opinions but always had a reason for the faith that was in him, and was always charitable for the opinions of others. He was a thorough student, and though his days were more than occupied he managed to keep himself abreast of the time. The keynote of his success was his character, represented by the Christian principles guiding his life. He was upright in all his dealings with those brought into relation with him. His was a character above reproach; he lived up to the standard of what was right and pure, and his honest and earnest purpose is an example it were well for all to emulate."

Dr. N. W. Rand spoke of the doctor as a rare man. "Take him for all in all, where shall we find his like again?" Genial, kind, skilful, faithful, all honor to him and to his memory. It is fitting that we should pause in the midst of the rush of our daily life to contemplate his character and our loss. He then read the following original poem which had been prepared by request:

#### IN MEMORIAM.

This hour is sacred time.  
From devious ways we gather here  
To lay our garlands on the bier

Of one we love; and drop the tear  
Of sympathy with all who hold him dear,—  
    'Tis sacred time.

O Death! Mysterious Death!  
Thy legions liveried in white  
Elude all sweep of mortal sight;  
We cannot trace the spirit's flight,  
Nor guess what visions may beset the night,—  
    Mysterious Death.

O Death! Revengeful Death!  
Methinks it was that thou didst see  
Our friend a fearless enemy,  
Who often had so baffled thee,  
That o'er his fall thou gloatest now with glee,—  
    Revengeful Death.

But, Death, thy work is done.  
Thou canst not mar his spotless name,  
Nor seize his meed of honest fame,  
Nor track the soul's immortal flame  
Back to the Sun Eternal, whence it came,—  
    Thy work is done.

And yet, perchance, 'twas kind;  
For it hath set him free to share  
Immunity from every care  
And pain and loss which earth doth bear—  
Free like the stars in God's supernal air—  
    Perchance 'twas kind.

O Friend, we miss thee here.  
The years will circle on apace,  
But thy inspiring voice, and face  
Bright with benignancy and grace,  
Greet us no more in this familiar place,—  
    We miss thee here.

Nor shall we soon forget.  
There was so much of the Divine  
Commingled with this dust of thine,  
That e'en its resting place benign  
Doth now become Faith's well-befitting shrine;  
    We'll not forget.

O strong, O royal heart,  
 That championed with brave delight,  
 However weak to human sight,  
 The cause of truth, the cause of right,  
 Nor unto baseness ever lent its might,—  
 O loyal heart,

Live on, aye, ever on!  
 Thy friends will never let thee die  
 While love retaineth memory;  
 Virtue is heir to earth and sky,  
 And lo, she pledgeth immortality,—  
 Brave soul, live on!

And we shall meet again.  
 Silently journeying, one by one,  
 After the labors of day are done,  
 We'll meet thee at the setting sun.  
 Be there, O Friend, as wide its gates are flung,—  
 We'll meet again.

Dr. W. H. Bennett not only emphasized his personal loss, but that which the city of Fitchburg, the medical societies, the church and other organizations, had sustained. "In '72, when I first came to Fitchburg, his home was the first to welcome me; and later, when my father passed over to the other side and the mantle of his work fell on my shoulders, Dr. Whittier proved himself the true friend and helper, giving generously of his counsel and aid. He was a man of inestimable influence. For four years I occupied the house that had previously been the home and office of Drs. Freeland, Whittier and Hildreth; really a homœopathic stand. They were all pioneers in homœopathy, and like other pioneers, had been faithful to their trust and builded better than they knew. Their works testify to their zeal. We mourn his loss."

There is no Death! What seems so is transition;  
 This life of mortal breath,  
 Is but a suburb of the life Elysian  
 Whose portal we call death.

Dr. Luscomb, after recalling his personal relations with the Doctor in the earlier years of his settling in Fitchburg, said: "He gave of his counsel freely, and all calls for advice were promptly fulfilled whether remunerative or not. A pillar of strength in Fitchburg he stood erect under the assaults of the enemy to the principles of Homœopathy. Taken in the prime

of life, he still lives, for his influence is ever around us to inspire us to greater and nobler effort. His appreciation and love for art, music and all that was elevating and ennobling, was keen, and to the church and all organizations with which he was connected, his earnestness and zeal gave an added stimulus."

Dr. J. P. Rand opened his remarks with the quotation from W. H. H. Murray where John Norton says of his wife, "We miss thee so." "'We miss thee so'—that is true today. The fatherly and friendly interest Dr. Whittier manifested in what each physician tried to do, and the words of encouragement he gave to each and all will long be remembered." He then read the letter which Dr. Whittier wrote to the Homœopathic Medical Society of Western Massachusetts in reply to an invitation to respond to the toast, "The Dose," at the banquet, this letter being the last effort of his life in a professional way.

Fitchburg, Mass., March 18, 1895.

*Mr. Toastmaster, Ladies and Gentlemen of the Western Massachusetts Homœopathic Medical Society.*

Dear Friends:—I am greatly disappointed that it is impossible for me to be present, and join in your festivities today. I am sorry to inform you that on Tuesday last, I sustained a severe ankle sprain, and on Wednesday an additional injury, which necessitates my remaining at home. I cannot as yet place my foot to the floor, or dispense with crutches, and a journey to Springfield would make liable an additional injury, thus retarding recovery. I can hardly believe that my absence will be noticed, since you have bidden to the front such an array of talent, unless like Fred Douglass I might give color (white head) to the occasion.

The toast assigned me—"The Dose"—holds relatively an unimportant place in our school, compared to the law of administration, and my intention was to treat the toast facetiously rather than discuss it soberly. The transition from the material (dinner) to the immaterial (dose) is great, and might be a type of dosage. If it is not the algebraic  $x$  in medicine, it is an undetermined quantity.

In medicine as in other matters we cannot escape the influence of our environments. To inquire, therefore, concerning dosage, the answers are naturally based on instruction and experience; they begin "at Jerusalem," determined in a measure by domestic influence and discipline. My good companion has long held to the conviction that "Whatever cures is Homœopathic"; this opinion may have been forced upon her by experience. For when a drug is prepared that "giveth its color in the cup," the danger signal-finger is raised, but when I answer

that it is in agreement with her theory, the signal is lowered, and silence reigns. My own views regarding this matter have a wide range. Visiting a relative once, who was a member of the older school, he decried the foolish advocacy of the infinitesimal by our school, asking why we could not practise a broader and more reasonable dosing that could be accepted by intelligent men. I replied that the law was our guide, and not the dose; and that any dose minus pathogenetic effects, is admissible in our school. To this he assented and the hatchet was buried, and, metaphorically speaking, he would be embraced by my companion.

But I summon the profession to testify. I ask your worthy president for the proper dose; he will with assurative deliberation name 1x to 3x. If my friend Cushing is similarly interrogated he would reply with alacrity in the "upper ups." Should I invite Dr. Fitch's opinion he is quite confident of the 200th. The erudite Dr. Rand has lively expectation in vis medicatrix naturæ. Dr. Barton after exhaustive research and tests, has attained both fame and satisfaction in 6x to 12x. Dr. Whitmarsh yields allegiance to 3x to 6x, while our good friend Dr. Smith of Boston (may his tribe increase) from the theatre of medical knowledge, will yield a ready assent to the spinster's reply, "Anything, Lord, anything." These citations are typical of the wide range of theory and practice, on the subject; further testimony would only be reiteration. If to all these could be added the power of psychical influence I am positive that their efficiency would be greatly augmented.

I have thus run the ascending and descending scale of dosage, including the accidental and experimental (which have often been the cause of clinical surprises), the conventional medium to which the majority assent, upward to the ultra screech of "high C." But the fact still remains that the dose must be sufficient to cure and nothing short suffices.

Very fraternally yours,

D. B. Whittier.

In commenting on the letter Dr. Rand felt that had Dr. Whittier known that the final sentence was to be his last words to the profession he could have uttered nothing more forcible. He closed his remarks by quoting Walt Whitman's poem, "The Two Mysteries."

Dr. Murdock: "My two years' experience in Dr. Whittier's family as a student, impressed upon me the domestic side of his character. His sunny and hopeful disposition, his affection and devotion to his home, were strong points in his character. The words of instruction given me at that time have been guid-

ing words throughout my whole life, and I have lost a friend and counsellor, one whom to know was to love."

Dr. Allen: "Dr. Whittier was a remarkable man, a man of strong personal characteristics, always congenial, always critical, never pessimistic. A noble man and a strong one, remarkable for his energy and perseverance, always faithful to duty and principle. His happy faculty of stirring up arguments by well aimed criticism at the Society meetings and calling forth discussions was one to be admired, and while tearing down theories, he always replaced them with some others, that could be thought over and reflected upon, that had come to him from his personal experience. His character was one of original investigation, always genial, ready to do for all and give the utmost of experience, and his presence will long be missed not only from this Society, but the Boston Societies and the American Institute. He was a type of New England manhood of which we may all be proud and an example after which 'twill be well for us to pattern."

Dr. Forbes, the next speaker, alluded feelingly to the years in which he and Dr. Whittier had worked shoulder to shoulder in this county society. "Though living at opposite ends of the county we often met and shook the friendly hand, and his advice and counsel were freely and fully given. I sometimes feel sad and lonely to think almost all the friends with whom I began this Society and professional life, have got a little ahead of me and gone over to the other side, and it makes me resolve anew to strive to emulate their virtues, to profit by their experiences in healing the moral as well as physical disabilities incident to this life. For the short time we are to stay here let us endeavor to become united as one common brotherhood, each striving for the best good of the other and our fellowmen and for the upbuilding of Homœopathy. Let us in every way imitate the example of Him who went about doing good."

Dr. Fitch paid the following fitting tribute to the memory of the Doctor: "In every age and in every profession there are certain individuals who stand out in greater prominence than their fellow men, and who naturally become leaders. They are looked up to as standing for that which is highest and best. Such a man was Dr. Whittier, honored and respected not only in his home but throughout the state, by his professional brethren, and by all who came to know him. To him apply with peculiar fitness those words which Meredith puts into the mouth of Lucile,

'No life

Can be pure in its purpose and strong in its strife  
And all life not be purer and stronger thereby,'

and so we as individuals and as a Society have been stronger and better from his having been with us through all the years. True, at times he said sharp things, and often seemed hypercritical, but it served to rub off the sharp corners of our lives. As the diamond only shines by polishing off the crudities and roughness of the native stone, so by the sharp rubs and criticisms, were the crudities of our inexperience rubbed off and we were made all the brighter for it. We all knew Dr. Whittier, and that those things were all done in kindness and pleasantness. I can pay no higher tribute to his memory than to say,

‘His life was gentle; and the elements  
So mixed in him, that Nature might stand up  
And say to all the world, This was a man!’”

Drs. Miller, Crisand, Clarke and Fisher each brought his offering, testifying to the love, respect and appreciation which they all felt for the Doctor, their sorrow over what seems to them his early removal from the paths of life where he surely is needed, yet with the assurance that he had accomplished a grand and noble work in the short span of life allotted to him. May his lofty ideals be stamped upon our convictions and affect grandly our life work.

Dr. Bray brought a fitting tribute from the poet Whittier.  
The session adjourned at 4.20 o'clock.

Amanda C. Bray,  
Secretary.

#### *MAINE HOMŒOPATHIC MEDICAL SOCIETY.*

The 29th annual meeting of the Maine Homœopathic Medical Society was held at the Augusta House parlors in Augusta, Tuesday, June 4th, and was attended by the following doctors: M. S. Briry, Bath; H. B. Esmond, Houlton; W. E. Fellows, Bangor; C. M. Foss, Dexter; W. M. Haines, Ellsworth; A. I. Harvey, Newport; W. S. Hill, Augusta; M. S. Holmes, Oakland; Cora M. Johnson, Skowhegan; J. H. Knox, Waterville; A. C. Paul, Solon; D. C. Perkins, Portland; W. B. Perkins, Malden, Mass.; J. M. Prilay, Bangor; W. M. Pulsifer, Waterville; W. S. Thompson; E. F. Vose, Portland; Nancy T. Williams, Augusta; G. P. Jefferds, Bangor.

The meeting was called to order at 10.30 A. M. by President E. F. Vose, M. D., of Portland, which was followed by the roll call and then President Vose's address. He said that homœopathy in Maine is progressing, gaining in favor each year. The outlook for it, he said, was never so bright as now.

The doctor believes that the day is coming when the general public will put faith in a man for his true belief in the principles

of medicine which he practises and earnestly endeavors to make useful to the people. He made brief reference to the registration bill passed by the recent Legislature and of the work to be accomplished by the members of the board which the bill provides for. His remarks were general, practical and very attentively listened to.

The forenoon session was largely taken up with matters of a routine nature.

At the afternoon session officers were elected as follows: President, W. S. Thompson, M. D.; 1st vice, J. M. Prilay, M. D.; 2d vice, F. O. Lyford, M. D.; recording secretary, Cora M. Johnson, M. D.; corresponding secretary, D. C. Perkins, M. D.; treasurer, J. C. Gannett, M. D.; censors, C. M. Foss, M. D., M. S. Briry, M. D., W. M. Haines, M. D., H. M. Potter, M. D., G. E. Heath, M. D.; committee on legislation, Drs. A. I. Harvey, J. H. Knox, W. S. Hill, J. M. Prilay, J. W. Whidden.

The committee on resolutions rendered its report as follows:

Whereas, Our beloved colleague and co-laborer, W. S. Thompson, M. D., has been summoned from our midst by the inexorable hand of death, and

Whereas, from long and intimate association with him we had learned to rely on his fidelity to our cause, and whereas through a long and busy life he had ever been a firm and fast friend of homœopathy, therefore be it

Resolved, That the Homœopathic Medical Society of Maine in annual meeting assembled, realize most fully, this day, the irreparable loss which it has sustained in the death of one who for so many years had the interests of this society and the profession nearest his heart, and be it further resolved, that in his death this society loses one of its most valued members and the public a true and conscientious adviser and good citizen.

Resolved, That, these resolutions be spread upon the records and a copy sent to his bereaved family with the assurance that though dead he still lives in our minds and hearts.

A. I. Harvey, M. D., J. M. Prilay, M. D., W. Scott Hill, M. D.

The only member the society lost by death during the year was Dr. Thompson of Augusta.

D. C. Perkins, M. D., of Rockland, and A. I. Harvey, M. D., of Newport, were elected delegates to attend the American Institute of Homœopathy at Newport, R. I., June 20, and J. M. Prilay, M. D., as alternatè.

Papers were read on materia medica by the following: J. M. Prilay, M. D., D. C. Perkins, M. D., J. T. G. Emery, M. D., A. I. Harvey, M. D., Nancy T. Williams, M. D., M. S. Briry, M. D., W. S. Thompson, M. D.; on clinical medicine, C. M. Foss, M. D.; on surgery, W. E. Fellows and E. F. Vose; on obstetrics, W. Scott Hill.

At the evening session the minutes of the meeting were read and the convention closed with a social chat between those in attendance.

It was voted to hold the next convention at Portland, the first Tuesday of June, 1896. CORA M. JOHNSON, *Secretary*.

*VERMONT HOMŒOPATHIC MEDICAL SOCIETY.*

The 45th annual meeting of the Vermont Homœopathic Medical Society was called to order at 10.30, Thursday, June 6, at the Pavilion Hotel by the president, Dr. W. F. Minard of Waterbury. Prayer was then offered by Dr. E. L. Wyman, after which the members proceeded to the discussion of the bureaus. A paper on "A case of epilepsy cured," written by Alvin Boyce, M. D., was read by the secretary. A general discussion followed until 12.30, when the meeting adjourned till 1.30 P. M.

The afternoon session opened with a paper on "Winter Dysentery," written by Dr. G. E. E. Sparhawk of Burlington, and read by the secretary. Dr. F. E. Steele then opened an interesting discussion on this subject and was followed by other members. Dr. H. E. Packer read a paper on the subject, "Cuphea viscosissima and geranium maculatum." Dr. E. E. Whittaker, M. D., of Newport then made a few remarks and at 2.45 the president, Dr. W. F. Minard, made his annual address to the society.

The election of officers was next on the programme and the result of their choice was as follows: President, J. F. Shattuck, M. D., of Wells River; vice-president, M. D. Smith, M. D., of Middlebury; secretary, George I. Forbes, M. D., of Burlington; treasurer, E. E. Whittaker, M. D., of Newport; censors, W. B. Mayo, M. D., of Northfield, H. E. Packer, M. D., of Barre, and E. B. Whittaker, M. D., of Richmond. Auditors, James Haylett, M. D., of Moretown, N. C. Noble, M. D., of Middlebury, and S. S. Martin, M. D., of East Hardwick.

Dr. L. A. Phillips, of Boston, was present during the latter part of the afternoon and made a few interesting remarks to the members.

A banquet was held this evening at the Pavilion, with Dr. W. F. Minard of Waterbury toastmaster, and the following toasts were responded to:

"The Vermont Homœopathic Medical Society," J. F. Shattuck of Wells River; "The medical profession past, present and future," C. P. Holden of Windsor; "Medical legislation," H. S. Boardman of Montpelier; "Forty-five years of experience," J. M. Stan Deausen of Waitsfield; "Homœopathy in Boston," L. A. Phillips of Boston; "The society as viewed by a junior member," D. C. Noble of Middlebury; "The east side of the State," S. H. Sparhawk of St. Johnsbury; "The ladies in the medical profession," Mrs. M. E. Partridge of Benning-

ton; "Little pills vs. big pills," E. E. Whittaker, Newport; "Vermont State Homœopathic Medical Society 20 years," T. R. Waugh of St. Albans.

The second day's session of the Vermont Homœopathic Medical Society was called to order at 9.30 by President Shattuck. After a short business session the reading of papers was resumed. A paper on "Fractures of the lower extremities" was read by Dr. C. P. Holden of Windsor. Dr. H. S. Boardman of Montpelier presented an exhaustive paper on "Ventilation in sickroom." "The surgical treatment of uterine displacement" was the title of an able paper by Dr. L. A. Phillips of Boston. Dr. Phillips is an interesting writer and his paper was the source of much pleasure as well as profit. He was followed by Dr. D. C. Noble with a paper on "Pathological conditions of the uretus." A paper was read by Dr. E. L. Wyman and specimens exhibited illustrating a case of fractured vertebræ which occurred in the doctor's practice. The case was an exceedingly rare one and formed the basis for an interesting paper. A paper on "Sanitary plumbing" was presented by Dr. Mary E. Partridge of Bennington.

The following delegates to other societies were appointed by the president: To the American Institute of Homœopathy, J. F. Shattuck, *ex officio*; C. A. Gale; Maine, S. S. Martin; New Hampshire, J. H. Jones; Massachusetts, C. M. Martin; Rhode Island, E. L. Wyman; Connecticut, E. B. Whittaker; New York, M. D. Smith.

The meeting was one of the most interesting ever held by the society, the attendance showing an increase over any meeting for some time. The semi-annual meeting will be held in St. Albans some time in October. GEO. I. FORBES, *Secretary*.

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#### REVIEWS AND NOTICES OF BOOKS.

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"THE PRACTICE OF MEDICINE." By William C. Goodno, M. D. With Sections on "DISEASES OF THE NERVOUS SYSTEM," by Clarence Bartlett, M. D. Vol. I. Hahnemann Press, Philadelphia.

The first volume of this excellent work is before us. The author remarks by way of preface that his aim has been to consider the relationship of medicine to disease, especially from the supreme position of clinical experience, omitting the introduction of large numbers of symptoms upon theoretical grounds only.

While auxiliary methods have not been entirely omitted, yet the work appeals to the reader as being more strictly homœ-

opathic than do certain other works claiming homœopathic authorship.

Under "General considerations concerning the specific infectious diseases" we find an interesting discussion of the pathology of fever, the theory of its nervous origin being accepted and briefly outlined. Etiology, with reference to the germ theory, and immunity are also alluded to in a few well written paragraphs. Regarding the treatment of fever the author deplors the "stuffing plan," and with very moderate amounts of liquid food advises the systematic giving of pure water, a definite quantity in twenty-four hours, even if part of it be introduced per rectum. Against the indiscriminate use of stimulants earnest protest is made. "They are to be administered only upon the presence of well defined indications, and their action to be watched with as much care as we bestow upon the action of any medicine." The chapter upon "Typhoid Fever" is one of the best in the book, and the advised policy of considering every case of continuous fever a typhoid until proved to the contrary would, if adopted, lead the first week of many a typhoid along much safer lines and insure to the patient the careful management of his case through one of its most important periods.

"Pulmonary Tuberculosis" deserves and receives quite exhaustive discussion. Hygiene and homœopathy are placed in the front rank of remedial measures. Of creosote, one of the more recent fashionable remedies, the author's opinion, based on several careful reviews of the subject, is that its beneficial action is on the digestive tract, that it possesses little or no influence on the fever, and that there is no proof of its having any direct action on the tubercle bacillus.

The article on "Syphilis" by Dr. Bartlett is one which should interest the general practitioner for the reason that it deals with the essential features of the disease in expressive language, much of the confusing detail of more comprehensive articles being omitted. The same clearness of style pervades all of Dr. Bartlett's share in the work, and should draw the average practitioner to a more close study of nervous diseases.

We shall look with interest for the appearance of the second volume, and bespeak for the completed work a warm appreciation from the profession.

"TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY: SESSION OF 1894."

This volume of Transactions presents to its readers the full and detailed records of the famous jubilee meeting of the American Institute of Homœopathy held in Denver, Col., in June, 1894. It is the largest volume thus far printed by the Institute, containing over 1,300 pages, and it is filled with matter wholly worthy the bulkiness of the volume. These 1,300 pages present

in permanent and accessible form memorable addresses, scientific papers of more than usual merit, reports of energetic and instructive discussions, records of business transactions and reports of committees, carefully compiled and methodically arranged statistics, about 200 pages being devoted to the report of the Committee of Organization, Registration and Statistics, about 300 pages to the official record of the meeting, and the remaining 800 pages to bureau reports, papers and discussions. Ninety-seven papers, covering a wide range of subjects, are included in the volume. Many of these have already made their appearance in one or another of our periodicals and need not be commented on here.

Those members of the profession who were not privileged to attend the meeting, on reading the "Transactions" will be able to form some just estimate of the vast amount, variety and value of the work done at and for such gatherings, and may possibly become fired with the wholesome desire to actively participate in future sessions of the Institute, and may wisely resolve to enjoy the pleasures to be obtained only from attending such meetings.

"**ESSENTIALS OF HOMŒOPATHIC THERAPEUTICS.**" By W. A. Dewey, M. D. Pp. 250. Philadelphia: Boericke & Tafel.

This book is a "quiz compend" which might delight a "careful prescriber" but which would certainly cause an ordinary medical student to be downhearted. One hundred and twelve forms of disease are treated of and a few lines given to each remedy supposed to be of use in these affections. Under colds and catarrhal affections 44 remedies are suggested; under coughs, 35; diseases of the eye, 42; gastric derangement, 54; headaches 54; affections of the heart, 40; mental affections, 64; skin diseases, 50; diseases of women, 50; diarrhœa, 69. Of course only a very few words can be given to each remedy in a volume of 250 pages, and the student is supposed to read up the more detailed use of each in some larger work.

"**NOTES ON THE NEWER REMEDIES.**" By David Cerna, M. D., Ph. D. Pp. 250. Philadelphia: W. B. Saunders.

This work takes up some 970 "new remedies." It would seem that an attempt to keep an edition of such a book up to date would be an almost hopeless task when we notice with what rapidity the newest "remedy" is succeeded by another. Antipyrin, antifebrin, chloralamid, benzanilid, paraldehyde and all their predecessors, contemporaries and successors are briefly and clearly treated as to their chemical formulæ, physical properties, physiological action, contra indications—which are many—and their dosage. For the purpose of general instruction, and that one may know what and how to antidote in case of unhappy results, it might prove exceedingly useful to the homœopathic physician.

"SYLLABUS OF GYNÆCOLOGY." By J. W. Long, M. D. Pp. 132. Philadelphia: W. B. Saunders.

This is a tabulated synopsis based upon the "American Text-Book of Gynæcology," and having references at the bottom of each page to the portion of the text-book covered. Under each disease, varieties, causes, symptoms and treatment are referred to, and differential diagnosis is facilitated by the brief tabulated form.

"ESSENTIALS OF DISEASES OF THE SKIN." By Henry W. Stelwagon, M. D., Ph. D. Pp. 270. Third edition, revised and enlarged. Philadelphia: W. B. Saunders, 1894.

This valuable little volume has already earned a well deserved reputation, and the present edition gives in concise form what is of value not only to students, but the practitioner as well. The clearness of the statements is commendable, even though they may sometimes seem too brief. Fifteen half-tone cuts introduced for the first time, add much to the value and appearance of the book, which itself will prove of great aid to the user.

"SURGERY: A MANUAL FOR STUDENTS AND PRACTITIONERS" (The Student's Quiz Series). By Bern B. Gallaudet, M. D., and Charles N. Dixon-Jones, B. S., M. D. Pp. 301. Philadelphia: Lea Brothers & Co.

This new comer into the field of students' manuals possesses the descriptive element to a greater degree than is usual. However, while many subjects are well and fully treated, others of considerable importance are either but slightly treated or are omitted. Hare-lip for example receives but slight notice, with mention of only one form of operation. The matter of prognosis, as in other similar works, receives too little attention. "Tumors and Cysts," "Brain Surgery," "Abdominal Surgery" and "Inflammation" receive a large place in the text, as they should, but such essential "everyday" subjects as "Felons," with their sequelæ, are not suitably noticed. "Anæsthesia" is given too little place, hence some essential points are omitted.

With exceptions of the nature cited, the text is sufficiently full, and still remains concise, and is well supplemented by numerous excellent cuts.

"HERNIA: ITS PALLIATIVE AND RADICAL TREATMENT." By Thomas H. Manley, A. M., M. D. Pp. 231. Philadelphia: The Medical Press Co., Limited.

The design of the author "to endeavor to give to each therapeutic resource its due merit, and to strive to indicate the precise limitations of each" is accomplished in an unprejudiced manner. Its historic and more recent data are presented in a semi-narrative style, not without some humorous allusions. A few of the most recent changes in operative technique are unnoticed. Numerous illustrations and a tabulated report of the author's cases increase the merit of the work.

## PERSONAL AND NEWS ITEMS.

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Mr. William F. Howe, who has been associated with Messrs. Otis Clapp & Son for the past twenty-one years, has severed his connection with them and is now associated with his brother, under the firm name of R. A. Howe & Brother, in the manufacture of shirts and underwear. The familiar face of Mr. Howe will be missed by his many friends and customers in the pharmacy, and none will miss him more than his former employers, whose good will and best wishes he carries with him.

Dr. John L. Coffin desires to announce that he will in future confine himself exclusively to Diseases of the Skin. Special appointments during the morning hours. Office hours, 12.30 to 3 P.M. daily, except Sundays. Telephone, "Woodbury Building."

THE NEWTON SANATORIUM receives the class of patients who usually go to sanatoriums. The benefits of hospital care are furnished, such as expert medical care and skilled nursing together with the great advantages of privacy and home life. The terms are fifteen dollars a week upward. Inquiries should be addressed to Dr. N. Emmons Paine, West Newton, Mass.

The Children's Homœopathic Hospital of Philadelphia has just elected three new resident physicians for the ensuing year — Dr. Herman A. Newbold, chief, Dr. H. C. Hunsicker and Dr. Frank Traganza, associates. Last year there were 22,997 applicants for relief at the various special clinics in the out-patient department, and the resident physicians made 3,263 visits: 184 children were treated in the main wards. The institution recently received a legacy of \$15,000 from the late Walter Garrett, a patient of Dr. Bushrod W. James and of Dr. M. D. Youngman when residing at Atlantic City. Mr. Garrett also left a legacy of \$50,000 to the Hahnemann Hospital of Philadelphia.

Dr. Benjamin S. Stephenson of Littleton Common, Mass., knows of a good opportunity for a physician seeking a location.

Helmuth House, 465 Lexington Ave., New York. — During the absence of Dr. Wm. Tod Helmuth, Sr., in Europe (June 12 to Sept. 20), Helmuth House will be open for the reception of patients, under the supervision of Dr. Wm. T. Helmuth, Jr., who will hold himself in readiness to perform any operations with which he may be entrusted.

A. H. Powers, M. D., has removed to 352 Massachusetts Ave., cor. St. Botolph Street, Boston, Mass. Telephone: Tremont 1108.

THE SERUM OF THE NON-IMMUNIZED HORSE has the same value in the treatment of diphtheria as that of the immunized animal. This is the opinion of Dr. Bertin, of Nantes, and is based upon six cases of diphtheria, of which one died. — *Exchange*.

A GREWSOME DISCOVERY. — According to the *New York Times*, an investigation of the cause of the prevalence of contagious diseases in the schools of New York City has disclosed the fact that out of 112 school trustees 23, or a little less than twenty per cent, are undertakers; a fact which the *Times* says would be amusing were it not so tragical. — *Boston Medical and Surgical Journal*.

BEFORE AND AFTER THE BATH. — According to the *Mercredi Médical*, Max Edel, a German bacteriologist, took a bath and then examined the water for microbes. He found it contained five billions eight hundred and fifty million micro-organisms. After a bath of one foot only, he estimated the number of microbes at one hundred and eighty millions. The question now arises, When did Dr. Edel have his previous bath? — *Medical Record*.

"THE REAL VALUE OF THE MEDICINAL PEROXIDE OF HYDROGEN PREPARATIONS FOUND IN THE MARKET," by H. Endemann, Ph. D., Chemist, formerly Associate Chemist to the New York City Board of Health. Abstract from the Times and Register of Philadelphia, Pa., Dec. 15, 1894:—

In this valuable article the writer states that a standard solution of medicinal  $H_2O_2$  must answer the following tests: 1. It should contain at least 15 volumes of available oxygen. 2. The quantity of free acids contained in 100 cubic centimeters should require not less than 1 c. c. and not more than 3 c. c. of normal volumetric soda solution, to be made neutral. Such a small quantity of free acid is not objectionable. 3. It should not contain any soluble baryta salts. 4. It must be free from sediment. The different brands which he found on the market, being submitted to the above tests, gave the following results:—

BRANDS OF $H_2O_2$ SOLUTIONS.		Volume of Available Oxygen determined by means of a solution containing 5.665 Gram- mes of Permanganate of Pot- ash per liter of distilled water.	Residue obtained from 100 C. C. of Peroxide of Hydro- gen dried at 120 degrees C.	Acidity expressed in Cubic centimeters of Normal Volu- metric Soda Solution for 100 C. C. of Peroxide.	Baryta found in Soluble Ba- ryta Salts contained in 100 C. C. of Peroxide.
No. 1.	$H_2O_2$ (Medicinal)	10.50	0.1886	2.19	None
No. 2.	Hydrozone . . . . .	27.35	0.2180	3.11	"
No. 3.	$H_2O_2$ (Medicinal)	9.65	0.1206	6.75	"
No. 4.	" "	9.55	0.1408	1.43	"
No. 5.	Marchand's . . . . .	16.55	0.564	1.29	"
No. 6.	" "	10.95	0.0540	0.44	"
No. 7.	" "	0.50	0.2418	4.57	"
No. 8.	" "	10.50	0.0382	0.34	0.0017
No. 9.	" "	10.60	0.4674	1.77	0.0018
No. 10.	" "	8.40	0.0830	2.03	None
No. 11.	" "	11.20	0.0534	0.76	"
No. 12.	" "	3.10	0.1002	0.25	"
No. 13.	" "	6.15	0.0880	2.6	"
No. 14.	" "	12.40	1.004	12.04	"

The brands No. 8 and No. 9 he considered not fit for medical uses, owing to the fact that they contain traces of soluble baryta salts.

The brand No. 3 has a heavy sediment of sulphate of baryta, which may be considered inert towards the system, but it is certainly detrimental to the keeping qualities of this preparation.

Brand No. 14, which is sold as a ten-volume solution, is really twelve volumes, but it is too acid.

Brand No. 5, which is sold as a fifteen-volume solution, is really 16.55 volumes, viz., about 10 per cent above the standard.

The brand No. 2, which is sold without any mention of volume, is really a 27.35 volume solution, viz., ninety per cent above the standard.

None of the other brands come up to the standard, but on the contrary they run from 35 to 55 per cent below.

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**OBITUARY.**

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**LYMAN CHASE, M. D., KENNEBUNKPORT, ME.**

In the town of Wells, Me., on Nov. 25, 1894, at the home of his sister, and at the ripe age of seventy-three years, died Lyman Chase, M. D., of Kennebunkport, who for nearly twenty years had upheld the banner of Homœopathy in that part of the state of Maine.

Dr. Chase was born and spent the early years of his life at Bridgton, leaving there in his seventeenth year to attend a fitting school in China, Me., from which Waterville College, now Colby University, received him, and he graduated from the latter in 1843. At once beginning the study of medicine at Freeport under the tutelage of Dr. John Butler, he took one course of lectures at Bowdoin Medical School, and graduated from the Hanover Medical College in 1846. Locating at once at Turner he practised his profession according to the tenets of allopathy there and at Freeport for some years.

While at Turner he became deeply interested in personal religion, embraced the Baptist faith and, answering what he felt to be a call of God, became an ordained minister and preached during many years in several places, as calls or the health of himself or wife moved him. Finding the confinement of a settled clergyman's life unsuited to his state of health he again entered the field of medical practice, adopting the broader, more scientific, more health-giving, more satisfying method of practice — the homœopathic. Just what experience led to this change of medical heart I have been unable to trace.

Hampered as he always was by the ill-health of himself and his wife, his ardent love of knowledge led him to deep study in many lines, and especially did he delve at this time into the philosophy of medicine and of homœopathy. The scope of his reading was many-sided, and his clear mind readily grasped a subject, while a most retentive memory made a subject once studied always known. His library was large and choice, and his books were never mere ornaments. Those who were privileged with an intimate acquaintance with him describe him as a man of large heart and deep feelings, a most interesting conversationalist and correspondent.

Kennebunkport being one of the many summer resorts of our country it gathered from year to year people from all the cities. From among them Dr. Chase had many patients and from many of them the writer has received words which have helped in making these notes. All without exception speak in high terms of esteem of his worth as a man, of his attainments as a scholar in many lines, and as a physician.

In 1884 Dr. Chase became a member of the Maine Homœopathic Medical Society, continuing in membership until his death. Ill health prevented his attendance upon the meetings of the society except on rare occasions, but he held an interest in it as his published clinical and other papers in the Transactions show.

His good wife (Miss Pamela Lincoln Soule, of Freeport), with whom he had been tenderly associated during forty-eight years, survived him but a few short weeks, her death being the result of diseases which the doctor had successfully held in abeyance for many years. One son, Walter H. Chase of Cincinnati, Ohio, alone survives them.

J. C. G.

# THE NEW-ENGLAND MEDICAL GAZETTE.

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## COMMUNICATIONS.

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### *THE LOCAL APPLICATIONS AND INTERNAL MEDICATION OF MALIGNANT MAMMARY AND PELVIC GROWTHS.*

BY J. S. MITCHELL, M.D., CHICAGO, ILL.

*[Read before the Massachusetts Surgical and Gynecological Society, June 19, 1895.]*

I rise in behalf of the seventy per cent. Mr. Keen in his latest resumé of statistics of the results of treatment of mammary cancer by operation, with extirpation of axillary glands, claims that thirty per cent survive the three-year limit and hence are called cured. But what of the seventy per cent? A portion in a few weeks or months after the wound has healed promptly and well by first intention, come to you with a red nodular œdematous cicatrix with foci of cancerous infiltration in other situations. They suffer much pain; before many weeks the arm becomes œdematous and useless; ulcerations, extensive and offensive, occur, and soon they die, the fatal result having been hastened by the operation.

Another portion present with a nodular growth generally on or near the cicatrix, which developed shortly after the operation. There is little redness or œdema. The arm does not swell. But there is a tendency to rapid dissemination through lymph channels. Cancerous masses appear in various situations externally, and, as evidenced by subsequent symptoms or demonstrated by post mortems, internally also. This class of patients linger somewhat longer, but the fatal result occurs usually within three years. I may be pardoned for a brief reference in such an assembly as this, to a single case of this class, because of its special force in sustaining my argument.

Maiden lady aged thirty-two consulted me the day I left Chicago. Father died of cancer of intestines. Growth in breast appeared two years ago; operation was made shortly after. The whole breast was extirpated, and the axillary glands were very thoroughly enucleated. Supra clavicular recurrent growth was removed last November. Present con-

dition: Right side where breast was removed shows typical case of cancer *en cuirasse*. The supra clavicular cicatrix is oedematous and nodular. The left mamma has a Paget's nipple, and a growth beneath the size of an egg. The left axilla has tumor as large as a hickory nut. Treatment with the erysipelas toxines a few weeks before greatly aggravated the disease, and physical examination shows extensive infiltration of right lung. There is marked cachexia and emaciation. Prognosis—speedy death.

Still another portion representing the sarcomas develop a new growth from a few months to a year after operation. This causes generally no implication of the axillary or cervical glands, or if so, they develop the disease very slowly. On removal of the secondary growth a third occurs which rapidly enlarges to a considerable mass. Infiltration and ulceration take place, and the patient just as certainly dies of exhaustion.

If our surgical text books candidly gave the history of the seventy per cent as graphically as Lady Montague did her treatment with caustics, there would be fewer operations. We have no means of determining the whole duration of life of the seventy per cent except by assuming about eighteen months as a fair period of survival after recurrence, this assumption being based upon experience with 114 cases.

Dr. Frederick Dennis, in a paper recently read before the American Surgical Association in New York, states that he has secured forty-five per cent of three-year exemptions and that after many recurrences and many operations the patients had finally recovered. If such results can be secured we must certainly accord high praise to our American surgeons for improvement in methods of operating and for success in securing better statistics. While giving due credit to Dr. Dennis, we must regard his experience as isolated. We can place to the credit of the surgical treatment the months of comparatively complete exemption from the disease which it affords. If the after results of this treatment were not so bad in very many cases it would settle the whole question in favor of the surgeon, but patients after operation suffer far more extensive ulceration in the end, far more pain and general discomfort. Could we secure in the long run the immunity from pain and ulceration and the general result which Helmuth so eloquently details in his classical article read before the Congress at Atlantic City, there would be no doubt as to the advisability of operation.

But in very many cases nothing is so hostile to a malignant growth as the knife. I say this advisedly, giving full credit to the diminished primary mortality from aseptic surgery and with a due sense of the responsibility involved. I am aware

that this is not in line with the almost unanimous judgment of surgeons and physicians. Dr. Charles Adams of Chicago, a surgeon deft of hand, possessed of rare knowledge of pathology and endowed with admirable surgical judgment, in a paper read at the last meeting of the Illinois State Homœopathic Medical Association, took the ground that to deal with malignant growths of the mamma in any other way than by early and extensive operation was, to put it mildly, a grievous error of judgment.

We are looking at opposite sides of the shield. The surgeon too often has no opportunity to observe the results of his operations, and the physician, after operation has been declined by the surgeon after two or more recurrences, is apt to overlook the benefits resulting from extirpation.

Although, as just stated, the general judgment of the profession of all schools is against me, I am partially sustained in my position by some surgeons. Professor Gerster, of New York, who certainly cannot be accused, by anyone who knows him, of a disposition to spare the knife, says, "The greater my experience becomes in this branch of practice, the more convinced I am that there are cases of cancer of the breast that ought not to be extirpated by the knife." Mr. Banks, the English surgeon, who advocates extensive and radical operation, speaks thus strongly, "The excitement that is set up by the operation makes everything that is left behind of a malignant character grow with double and treble speed, and I am even inclined to think that the deaths after reappearances are more painful than those where the cancer has never been touched." Butlin, while advising thorough removal of all tissues evidently cancerous, is strenuous against searching in healthy parts for theoretical masses. He says, "Probably a long time and much false reasoning were required to induce the acceptance of the doctrine of the necessity of the removal of the mamma for cancers of small size limited to a part of it; and I am afraid a still longer time and much good reasoning will be required to convince surgeons that the practice is radically wrong." His mind evidently clearly appreciates the irritation induced by the knife, and he would avoid it if possible.

I am not yet ready to declare against the knife *in toto*, but when an authority like Warren of Boston, finds lymphatic involvement of the axillary gland in a mammary growth three weeks old, when we consider the fate of the seventy per cent, there is still room for discussion of this well-worn question.

With regard to operative measures for cancer of the uterus Lawson Tait says: "The proposition to deal with cancer of the uterus by complete removal of the organ meets, I need hardly add, with my strong disapproval. My reasons are that its

primary mortality must always be heavy, and that the few cases in which the disease does not recur are undoubtedly errors of diagnosis." Thanks to our Dr. Pratt, the primary mortality in extirpation of the uterus is almost *nil*, and with the modern methods of our surgeons recurrences are much less numerous than formerly, but with 200 nodes of lymphatics in the mesentery, recurrence, rapid, painful and life-destroying, comes to very many.

This brief presentation of the surgical side from my standpoint, is at once a defence of the internal and topical treatment of these growths and a plea for its more extended trial. That it does not offer more hope is due to the inherent virulence of the underlying virus. I confess to a feeling of profound sorrow when a woman presents with a tumor of the breast or of the uterus. A Damocles sword is at once over her head.

An experience with 143 cases of malignant growths of the mamma in the last six years, enables me to affirm with some degree of positiveness that a persistent treatment with homœopathic remedies internally and judicious topical application is decidedly of benefit. That it is absolutely better that the knife will take years of experience to determine, but I am sure it is entitled to consideration. I am firmly of the opinion that a more careful resumé of statistics of cases not operated on will have to be made, and that it will confirm a longer period of immunity from serious symptoms and a longer duration of life than is usually accorded.

Of my patients, sixty-nine were lost sight of very soon, being secondary cases so far advanced that treatment in any manner could avail but little. Of the remaining seventy-four, twenty-nine were primary cases. Four survive with entire disappearance of the mammary growth; eleven are living with gradual development of symptoms, it is true, but with a fair degree of comfort and in no case with more than moderate ulceration, after treatment of from one to six years. Six are known to be dead. Of these one died eight months after noticing growth. I saw her at Denver just before she died. The growth looked more like a gigantic malignant erysipelatous abscess than a cancer. Two survived eight and nine years respectively from date of appearance of growth. From one I had to dissect the growth from the mamma to put her in an ordinary-sized casket. Strange to say her discomfort until the last few days of life was slight, and she had concealed the existence of the tumor even from intimate friends. Eight of these cases are lost track of entirely, and have doubtless been operated on. Of the forty-five, all were secondary. They were operated upon by various surgeons of high and medium repute from Maine to California; one, by an English surgeon. Two years is a short period for

such cases to survive after recurrence, and many can be made comfortable from three to six years.

Nearly all present with nodules and many with ulceration. If there is no ulceration, I place them at once on arsen-jod., calc.-jod., kali-hyd., phos., conium or thuya, as seems indicated. I have made close study to find special indications. I can confirm the value of arsenicum in the epitheliomas, conium in scirrhus and thuya in the sarcomas. I have carefully noted effects of remedies in different potencies, and have usually to drop to the third to get definite results. I regard the carcinomas as more closely related to tuberculosis and the sarcomas as nearer allied to syphilis. With due respect to the pathologist, I believe the reason why one malignant tumor is fulminant and another rather benign in its course, lies in the individual dyscrasia underlying it, rather than to any special form of cell growth. Kali hyd. shows prompt power when the malignant growth is grafted on a syphilitic dyscrasia, and phos. when it is on a tubercular. Silica is useful in some forms of ulceration that do not yield to remedies above mentioned. Arsenicum holds the highest rank for pain. I have tried other remedies repeatedly, but usually have to return to it. It is almost needless to remark that no one remedy should be given long at a time. Calc.-jod. is valuable in soft growths of the breast where the epithelial tissue predominates.

Topically as the nodules appear, I use arsenicum in the form of an ointment (which I have termed Unguentum Carcinoma, one dram ars. 2x to one ounce of calendula cerate), applied to the softer growths. It should be gently rubbed in so as not to excite cell action. Conium tincture very often does better for the scirrhus growths and thuya for the sarcomas, but even these when secondary will sometimes melt down under the unguent.

After ulceration, I apply arsenicum 2x to the surface of the ulcer, dressing it afterwards with a bit of gauze, moistened with carbolized oil, one half dram to two ounces of linseed oil; after a few dressings, generally three to four, the ulcer will sufficiently lose its cancerous nature to heal with simple dressings of carbolized oil. I have never seen any tendency to spontaneous combustion as has been claimed from the use of this dressing. If the ulceration does not heal, it must be treated a large portion of the time with the carbolized dressing alone. A little carbolized oil is placed upon a few folds of gauze and applied to the ulcer; over this a wad of absorbent cotton is placed; it is held in place by adhesive strips and remains for many hours, the arsenicum 2x being applied sufficiently often to destroy all odor, which it will effectively do, to the intense comfort of the patient and benefit of her general health. With

this method of treatment, the patient may go on month after month able to attend to her avocation, in a large proportion of cases, as there is comparatively little pain, not much soreness, and a fairly good general condition.

I have carefully watched treatment of malignant growths with Koch's lymph, the toxins of erysipelas, Adamkiewitch's cancrin and protonuclein. I cannot see that any benefit has resulted as yet from either of these except in the judgment of its enthusiastic advocate. In a personal letter to Dr. Warren, of Boston, Adamkiewitch acknowledges that he has himself had but little success with cancrin. All the cases that I have watched, in which either Koch's lymph or the toxins of erysipelas have been used, have been undoubtedly injured. Protonuclein, the latest of this group, has a little more rational basis and may afford better results, but its use has not been sufficiently extended to determine this point.

I have to report one successful case of undoubted cancer of the uterus. It was an epithelioma of the pavement variety. The diagnosis was made by a competent histologist of the old school. This diagnosis was confirmed by a prominent gynecologist before I saw it. Topical applications were made to the cervix by means of a tampon made of a piece of antiseptic borated gauze enclosing a wad of oakum on the top of which was placed a small mass of absorbent cotton. The cervical aspect of the tampon was moistened with a little carbolated oil. On this a portion of arsenicum 2x was placed and applied closely. These applications were made for three successive days, then a period of a week was allowed to intervene, during which the patient used injections of listerine and hamamelis. Arsenicum 3x was given alternately during the treatment four times a day. The growth was entirely removed, all ulceration healed, there was a marked restoration of general health and the patient has now lived four years without recurrence. One similar case has been reported to me by a Chicago physician.

All other cases of uterine cancer which I have treated have been secondary. I have been able in some degree, but far less than with mammary cancers, to relieve their pain, diminish hemorrhage and raise the general tone of the system. The topical application of arsenicum is exceedingly valuable in diminishing the tendency to hemorrhage.

I venture the narrative of this bit of personal experience with malignant growths, in the hope that it may induce in the minds of some a disposition to reconsider the questions connected with their operative treatment. If it adds anything whatever to a better understanding of how we may subsequently manage these cases, I shall be amply repaid.

## SURGICAL TREATMENT AND PROGNOSIS OF MAMMARY CANCER.

BY WILLIAM B. VAN LENNEP, A. M., M. D., PHILADELPHIA, PA.

[Read in the discussion on Mammary and Uterine Cancers at the semi-annual meeting of the Massachusetts Surgical and Gynecological Society, June 19, 1895.]

It almost seems superfluous to discuss the surgical treatment of mammary carcinoma before a body of surgeons who are constantly doing these operations. Aside from the instructions of your secretary, assigning me this subject, I feel that it needs discussion, because of the number of incomplete operations that are constantly done, by those who still follow the time-honored and artistic illustrations of the average work on operative surgery; and because of the universal delay in bringing such cases to operation, with the consequent appalling number of recurrences.

To-day we can safely say that an amputation of the breast for carcinoma requires:

1. An exploratory incision into the tumor. This may occasionally precede the excision by the length of time necessary for a microscopic examination.

2. A complete removal of the entire breast, with an inch of healthy skin and underlying tissue, outside of the growth and gland. This is to be done without reference to subsequent closure of the defect.

3. Excision of the pectoral fascia, the major pectoral muscle, and all connective tissue and fat, down to the chest wall.

4. Cleaning out of the axillary contents, fat as well as glands, to the very apex of the cone. This is facilitated by a division of the minor pectoral, which can be brought together afterward.

5. Primary union of the wound, with a minimum of scar tissue, whether accomplished by immediate approximation, sliding flaps, moist blood clot, or skin grafts.

6. Immediate excision, repeated as often as necessary, of local recurrences.

(1) An exploratory incision is always to be recommended, either before the operation, or as its first step. The appearance, either macroscopic or microscopic, of the growth, will decide the extent of the operative procedure. For example, a friend recently removed a hard, nodular tumor of the breast, and cleaned out the axilla, which was filled with enlarged glands. Subsequent examination showed a chronic, circumscribed, tubercular abscess. While I might approve of the procedure practised, as I shall have occasion to say later on, the discovery was mortifying in the extreme to the operator. I know of a prominent Philadelphia surgeon who had a similar experience,

but the anti-operative physician, who reported the circumstances to the family, caused him no end of trouble.

It is self-evident that the demonstration by the microscope of the presence of an adenoma, an adeno-fibroma, a simple fibroma, or even a lipoma, which I have met with, must needs modify the character of our operation; while, on the other hand, the discovery of a carcinoma or sarcoma will demand the most radical interference, even in a seemingly slight growth.

(2) The fact that we recognize or even suspect a malignant growth calls for a complete removal of the tumor, the breast, and a generous zone of healthy tissue in every direction. Particularly is this imperative if there is the slightest attachment of the tumor to the over-lying skin. At times, this can be made out by changing the posture of the patient, standing, sitting, lying, or turning to one side or the other, when the faintest pucker, produced by the dependent breast, may be recognized by the observant eye or touch.

The incision is best begun above the mamma, at a point below the middle of the clavicle, whence the knife is carried outward, toward the insertion of the pectoralis major in the arm. It is then reintroduced, at the point of starting, and carried round the breast, "dinner-plate" fashion, up into the floor of the axilla. Gland, tumor, fat, and pectoral fascia are teased and torn and dissected away from the chest, and turned out over the arm as a flap.

(3) The pectoral muscle is isolated, separated close to its origin in the chest wall, divided a short distance from its insertion in the arm, and removed, together with all underlying fat and loose connective tissue, until the thorax is bare.

The removal of the pectoral fascia has long been recognized as a requisite to success, on account of its frequent infection; but this infection is apt to dip down into the muscle, while the glands underlying it are often involved. So far as I know, Halstead was the first to recommend removing the muscle, and I have practised it since his publication in 1891. Next to skin involvement, this is probably the most important metastasis, preceding, probably, that of the axillary glands. This step is particularly to be insisted on if there is the slightest suspicion of attachment of the growth to the chest wall, as shown by diminished mobility. Such fixation can be recognized by manipulation, and by posture, as mentioned in connection with skin attachment.

(4) The minor pectoral is next divided at its middle, and turned up and down, giving us complete access to the axillary cone, from its apex to its base. Nicking the deep fascia, we tear our way into the axilla and, working from above downward, remove everything but the vessels and main nerve trunks.

This cannot be too thorough; in one instance, I recall resecting over an inch of the axillary vein, without ill results. The patient subsequently died from hepatic involvement, with recurrence in the thoracic scar, but the axilla remained free. I have also twice torn the axillary vein in teasing away the glands and fat so intimately associated with it, no harm resulting. To-day no one is justified in neglecting to empty the axilla when operating for a growth even suspected of malignancy; palpation from the outside, or even through the breast wound, being utterly valueless in excluding glandular infection.

(5) Primary union of the wound requires a perfectly aseptic condition at the close of the operation, free removal of all oozing, and accurate closure. Sepsis keeps up an irritation which opens the door to recurrence, while a large scar presents the stroma which needs but epithelial infiltration in nests to be another carcinoma.

Aside from a perfect technique, the ingenuity of the surgeon will be called into play to fill up the large resulting defect. Relaxation sutures and under-cutting will often accomplish astonishing results. The floor of the axilla, denuded of its fat and glands, can be drawn forward, downward and inward, and be of good service. The arm, too, can be brought to the side, and give us considerable relaxation. We can slide a flap forward from the back and side, as in a case I have reported, or we can make use of the moist blood clot, or cover the defect with Thiersch grafts, either at once or after the granulating process has begun. I have practised every one of these methods, either alone or combined, and, as a rule, with perfectly satisfactory results.

As to the question of technique, the one I use is the following: The field of operation and the surgeon's hands are prepared by vigorous soap and water scrubbing, and prolonged contact with bichloride solution. A final scrub is given with a steam-sterilized brush and carbolic solution. The sponges are bundles of sterilized gauze, used from bichloride solution. The instruments are boiled, the towels are sublimated. Irrigation is only used at the close of the operation, bichloride solution being squeezed out of the sponges over the wound. Bleeding vessels are tied with catgut boiled in carbolic alcohol. The approximation sutures are of heavy silk, sterilized in steam, or silkworm gut, sterilized in bichloride alcohol; they are sometimes removed after the wound is closed. The sutures are of two kinds: (1) buried, a continuous one of catgut, sterilized by dry heat (284° F., Boeckmann); and (2) of the skin, also a continuous one, forward and back, of fine silk. A strip of protective, which has been soaking in bichloride, is placed over the line of the suture, and covered with an abundance of gauze,

steam-sterilized, and wrung out of sublimate solution. The whole is held in place by a roller bandage.

Skin grafts are taken from the thigh with an ordinary razor, the skin being held tense by sharp pointed retractors. They are placed in 0.6% salt solution, from which they are transferred to the defect. They should overlap each other and the edges of the wound. The protective to cover them had better be dipped in the salt solution before being applied. They need not be redressed for a week. The moist blood clot is dressed in the same way. Drainage is accomplished through a counter-opening in the axilla, with a thin strip of sublimated iodoform gauze.

The wound is dressed in forty-eight hours, down to the protective, and the gauze drain removed. It does not usually require further attention until the end of the week. If any discharge appears through the dressing it is covered with a wet bichloride towel. Septic infection of the wound is combated by frequent dressings, once, twice or oftener daily, of wet sublimated gauze. Healing is usually complete in two weeks. With this technique, accurately carried out, sepsis is impossible.

(5) The post-operative recurrences I have met with have been usually in or about the cicatrix. Next to this come those at a distance, notably in the liver; then in the neck, in the supra-clavicular glands, which were probably infected at the time of operation; and, lastly and very rarely, in the axilla. In the first instance, recurrences will appear as small nodules, and may be easily removed under cocaine. Such operations prolong life, and may, in some cases, result in an ultimate cure. It is good practice, should a recurrence take place in the cicatrix, to remove the latter entire. In axillary recurrences and supra-clavicular infection I have found it useless to operate.

As to the prognosis of mammary cancer, we must consider the operative mortality and the percentage of recurrences. The former has been variously stated at from five down to two per cent, or less, even 158 cases, without a death, being reported by two operators.

I have the records of sixty-nine complete operations for malignant disease of the breast, carcinoma and sarcoma, two of them being males, the character of the growth being, in each instance, established by microscopic examination. Of this number, two died, the one of a pneumonia which developed nearly three weeks after the operation, and after the wound was healed, and the other of uræmia on the second day. The latter should be counted in the operative mortality, but the former should be excluded. Including some twenty cases operated for non-malignant growths, or in which incomplete operations were done, the mortality rate would be still further lowered.

Of these sixty-nine cases, fifty have been operated within the three-year limit, the time generally agreed upon as constituting a cure. They are, therefore, of no statistical value. Furthermore, in cases operated before 1892, the procedure was not the thorough one described above, "dinner plate" excision and cleaning of the axilla being done, without removal of the pectoral muscle, although its fascia was taken off in some cases.

In a general way, I can safely say that three out of four cases have shown recurrences inside of three years. This corresponds pretty nearly with the figures of other writers, which vary from seventy-five to over eighty per cent of recurrences.

This limit is more or less arbitrary, recurrences or metastases, which could not be classed as second infections, having been met with at a much later period. I know of one case, operated by Dr. C. M. Thomas, in which a recurrence took place, in the scar, seven years after operation. Cases are reported in which this period has been extended from three to twenty years. The majority of patients having recurrences or metastases will die, however, within three years, and one passing this limit is comparatively safe.

As to the function of the arm, this has been fully reëstablished, occasionally, however, after a considerable length of time. The removal of the pectoral muscle would appear to result in no functional impairment.

In connection with the question of prognosis, we should consider that of which cases should, and which should not be operated. We are apt in this, as well as in other classes of cases, to undertake forlorn-hope operations. Usually such operations are useless, as well as harmful to the patient and to the surgeon. To illustrate: I saw a lady the other day, who had a growth involving the upper, outer segment of the breast, the axilla, and extending up under the clavicle into the neck. Its removal would have necessitated resection of the clavicle at least. The upper and outer segment of the breast is one in which a growth is apt to be malignant. The tumor did not, however, present the characteristics of malignancy, which should have been pronounced at such an advanced stage. I told her these facts, and advised her to leave it alone; if malignant, removal was impossible, and an attempt would probably prove fatal; if benign, it was not worth while to run the risk. She was operated, however, elsewhere; the operation could not be completed, and she died of shock.

We all meet with cases of thoracic, axillary, and cervical involvement, in which operation seems only to hasten the growth of the portions not removed, where recurrence shows itself almost immediately, and progresses with marvellous rapidity and in which the danger to life is considerable. Such opera-

tions, then, should not be undertaken, unless we are reasonably certain that we can do a complete one; in other words, remove all the disease. I am getting to decline to interfere with more cases than I operate.

Of unfavorable prognostic importance in this connection are extensive skin involvement, and, more particularly, attachment to the chest wall; also the presence of nodules above the clavicle. The recognition of axillary glands is not a contra-indication unless they are immovable. As a rule, it is better to let alone the large, rapidly growing, very soft tumors found in middle life, unless they are seen quite early. They quickly involve large areas of skin, soak into the axilla as into a sponge, and promptly show internal metastases. The same applies to the "atrophying scirrhus" of old age, and to its result, the "cuirasse cancer."

Strange to say, two of my apparent cures belong to these classes, although both were operated early.

(a) A girl of twenty, operated in September, 1889, with a very soft, so-called encephaloid, or medullary carcinoma, involving the whole of the left breast; no attachment to the skin or thorax, and no axillary infection, as demonstrated after cleaning it out. She has no recurrence yet. Carcinoma at this age is considered so fatal that it has been proposed to artificially age such patients by castration.

(b) A woman of about eighty, operated four years ago, for a hard nodule in the outer segment of the right breast, attached to the skin, but freely movable on the chest. Examination showed undoubted atrophying scirrhus. She is still alive without recurrence.

Another case is of interest in this connection: a lady, of about forty, was seen in October, 1891. She had three nodules in the left breast, which had existed for a long time. One of them had begun to grow. A complete operation was done in January, 1892, the whole breast having become carcinomatous and the axilla infected; there were no attachments. The right breast was free. In September, 1892, the entire right breast was filled with a soft carcinoma, the nipple being retracted. A complete operation was done on this side. The left side showed no recurrence. She has remained well since.

Snow has called attention to an important symptom pointing to systemic infection, i. e., rheumatoid pains in the bones; for example, in the manubrium sterni, in the head of the neighboring humerus, in the bodies of the lower dorsal and lumbar vertebræ, and in the shaft of the femur. Examination has demonstrated carcinoma in the medulla or cancellous structure. These symptoms would tend to make us hesitate in operating, and warn us of danger afterward. I have now under my care

a patient, who has developed within a year after a complete operation, a small recurrence in the scar, and a nodule in the neck. I have declined to interfere with these, because they are growing very rapidly, are both fixed, and because she suffers from constant gnawing pain at the top of the sternum, in one lumbar vertebra, and in the upper portion of the shaft of the femur. So severe is this "rheumatic" pain, that locomotion is seriously interfered with. I have met with two cases of inoperable carcinoma of the breast, in old patients, who sustained pathological fractures of the femur; one while turning over in bed, the other while walking across the room; not, as we might expect, intracapsular fractures of the neck, but in the upper third of the femur. In one, the microscope showed undoubted carcinoma; in the other, there developed at the seat of the fracture what felt like an enormous, exuberant callus, no union taking place. A post-mortem was not made.

The moral of this prognostic discussion is self-evident; the picture is indeed a gloomy one: one death in twenty from the operation, in some hands at least, and recurrence in three out of four, at best, usually in three years. In fact the operation is looked upon by many as never more than palliative.

It is not within the sphere of the title of this paper to discuss local or medicinal treatment, but the only chance, in my estimation, for improvement lies in earlier surgical interference. Against this we have what almost seems a symptom of the disease, secretiveness on the part of the patient, which leads her to conceal her trouble until it is too late. Against this, also is the too-prevalent idea in the profession that nothing but "cancer" should be operated; that "cancer" must have a stony hardness, the classical pain, and tangible axillary glands, that it must ulcerate and be immovable before a diagnosis is made, and that the knife is the last resort, after everything else has failed. The tables should rather be turned, and we should educate the profession and laity to believe, the knife first, and then remedies, erysipelas, etc. Let the blame, too, for mortality and recurrence be placed where it rightly belongs, not at the door of surgery, but of delay. We have developed a remarkable ruthlessness in removing the ovaries, the uterus, the appendix, and at last, woman is revenged in the indiscriminate castrations for enlarged prostate. Why not attack a little more generally this hotbed of Cohnheim's embryonic theory? So impressed am I with the terrible history of mammary cancer, that I believe every lump in the breast should at least be incised, and usually excised, as soon as noticed; that such growths should be carefully examined microscopically, and, if they prove to be malignant or even suspicious, a "complete" operation should be done at once. There are dozens of cases reported, in which adenoma

or fibro adenoma of years' duration (from one to twenty-one), has suddenly developed carcinoma and even sarcoma. I am almost ready to believe that a breast containing an abscess is as well out as a pus tube.

I would submit for discussion the following propositions:

1. Every nodule in the breast should be incised, and usually excised and examined, as soon as noticed.
2. Malignancy calls for the most radical of operations, no matter how limited or movable the infection.
3. Early operations hold out the only surgical hope in this most gloomy of diseases. Late operations are only palliative and often detrimental.

### THE POINT OF VIEW.

BY FREDERICK B. PERCY, M. D., BROOKLINE, MASS.

[*Read before the American Institute of Homœopathy.*]

"I hold," says Lord Bacon, "that every man is a debtor to his profession from the which men do, of course, seek to receive countenance and profit, so ought they of duty to endeavor themselves by way of amends to be a help and ornament thereunto."

Would that every physician accepted this truism, and lived up to it. How eminently satisfactory the meetings of this society and those of every other similar organization would be when each man vied with his fellow members to bring forward the most helpful production. Medical papers should above all else be purposeful, and that accomplished it matters not whether they are suggestive or instructive. Few things are easier, few things bring greater pleasure to the doer than the preparation of a monograph upon some remedy emphasizing, perhaps, its striking characteristics and illustrating these by a series of well selected cases.

Far different is it to launch out upon a discussion of some of the mooted points which we as a distinct school of medicine have inherited from our predecessors or have added to in these later years.

In the very beginning, let me frankly proclaim my creed in the words of one of the most worthy of the early homœopaths of Europe, Dr. Goullon of Weimar. "If we now ask who can be called a pure homœopath, I believe I might reply that he is one who applies homœopathy according to the measure of the advance of his knowledge and to the greatest extent of his energies and therefore develops and realizes it as his *predominating* therapeutic principle, even should he be forced, through the imperfection of human endeavors and circumstances which lie wholly

beyond his control, to adopt in exceptional cases of emergency other modes of treatment. We would call him an impure homœopath who uses the homœopathic remedies according to the principle of *contraria contrariis*, who prescribes them in combination with allopathic and antipathic drugs, who weakens and exhausts the vital principle by depletive and counter-irritant measures and who treats the same disease from sheer indifference or from the wish of the patient, now on this and now on that principle. Such is the measure according to which we must judge of the purity of the homœopathic physician, and let us not condemn him if he is obliged now and then to yield to the force of circumstances." You will search in vain through the homœopathic literature of the past century for a more uplifting, broadening, deepening exposition of the true meaning of homœopathy.

Scores upon scores of names come to mind of men who believed as Goullon did, practised in accordance with this creed, and left behind them a heritage and memory which we now cherish. What was good in hydro-therapy, what a better knowledge of hygiene or dietetics offered, were welcome additions to their armamentarium, none the less loyal to the therapeutic law because the summum bonum for some patient demanded some departure from the strict application.

Contrast, if you will, the position assumed by another class. "Let us for a moment examine the course of the so-called great homœopathic societies. They all commenced with a great light. They were founded by men who were infused with the truths of homœopathy. But the brilliance of these societies did not outshine the sun, and, because they did not, their members were dissatisfied. Therefore, they piled on all the rubbish and odds and ends from the cellar, all the scum of homœopathy, and see what they are to-day. Instead of giving forth the once pure light, the rubbish occluded what light there was, and now there arises nothing but black clouds of smoke and foul vapors. Should we go out into the streets and alleys and shout for homœopathy and invite in the offal of the profession, the same thing would happen to this society." Can there be any question as to which attitude is the more stimulating to scientific work? which is likely to appeal the more strongly to the thinking young men and women who stand at the threshold of the profession, eager for truth, zealous for the right, and enthusiastic over the promises which their new life offers?

It matters not whether you are in sympathy with the religious revival, so called. At a revival of interest in a medical society you must rejoice. Such a thing has happened in a local society with which many of you are familiar, and good work and true has been the result. It would be invidious to select the transactions of any one meeting as particularly worthy of mention, but the evening devoted to the consideration of remedies

useful in meningitis brought out some points of interest which are well worth considering. The disastrous effect of the parallel columns when the symptoms of those drugs most highly reputed in meningitis were compared with the symptoms of the disease, was hard to accept. An attempt to substantiate the confidence in the physiological action of some remedies was reassuring; but in the discussion which ensued the representation of digitalis and opium as most similar in their pathogeneses to meningitis, and consequently curative, was indeed a revelation. If my memory serves me it was Wahle who years ago announced that his success with belladonna, bryonia and hellebore in meningitis was so great that a fatal issue was unknown. Many of you will recall a most creditable monograph on this subject in which the value of glonoine and calcarea phosphorica was extolled and other measures pronounced unnecessary. But of this enough.

Never in the lifetime of any member of this body has there been such an outpouring from the pens of the medical profession as diphtheria and its treatment have evoked. To some, interest centred alone in the consideration of the worth or worthlessness of the serum treatment. To others not accepting the anti-toxine treatment as another exemplification of the law of similars, it was most gratifying to have a thoroughly scientific interpretation of the drug action of favorite remedies of our own in this dread disease. It was disappointing, however, to find in the series of papers in homœopathic journals no greater consensus of opinion as to treatment; and this criticism applies alike to journals of "high and low degree." No more can be said of other series treating of cholera infantum, typhoid fever and pneumonia. Precisionizing is an art in homœopathic prescribing, and it is equally an art to give a clear, distinct picture of drug action and its applications. There doubtless occur to you some instances of what I mean, namely, Gourbeyre on ipecac, Wurmb on arsenic, Baehr on digitalis, Schmid on cuprum, Hayward on croctalus, Hering on lachesis, Dunham on calcarea, and a more recent writer who has so clearly defined the scope of iodine in pneumonia.

Now and again there arises a cry for a return to the faith of the fathers, the single remedy, the single dose. Here are a few cases selected at random as illustrating this practice.

1. "H., a sickly boy about four years of age; could not retain his fæces, after having been previously constipated. The fæces were neither thin nor watery, but quite firm, yet they fell from him involuntarily; and this frequently came about while he was playing. Colocynth 300th completely removed this complaint."

2. "Frau A., a rather robust woman of about thirty years of age, had suffered for a long time from a very violent pressure in the stomach and epigastrium, much aggravated by roughly touching

these parts. Her urine was at the same time as white as milk. She complained of nothing else. I gave her on the 30th of November two globules of acid phos. 200th, and on the 3d of December she informed me that pressure in stomach had ceased two days since, and the urine had resumed its normal appearance."

3. "Pneumonia. Chilliness, stitches in left side of chest and continual heat; much cough with bloody expectoration, and short, labored breathing. Want of appetite; urine, red, yellow; food tastes bitter. Belladonna 30th."

Presumably these cases were treated according to the Hahnemannian law. But how do they differ in individualization or satisfactory results from the following, taken from a recent hospital experience?

1. Paul O., aged ten. Admitted April 26. Has been ill three days. Joints of lower extremities swollen, hands, wrists, and elbows swollen. Patient helpless; every attempt at movement produces excruciating pain. Temperature  $103\frac{1}{5}$ ; pulse 110. Gave ferrum phos. 2x. May 1 temperature and pulse normal, all pain and swelling gone. Patient up and about.

2. Miss P., aged twenty-two. Has been ill for six weeks with rheumatism principally confined to left wrist, hand and left knee. On admission, patient was found to be anæmic, and face bore evidence of great suffering. Temperature  $103\frac{2}{5}$ , pulse 120. Hand and wrist œdematous, impossible to move it or even handle it. Knees in similar condition, with considerable effusion, and knee joint fixed and immovable. Gave ferrum phos. 2x. Fourth day, temperature normal, hand and wrist improving; can move it and use fingers. Swelling in knee greatly reduced, and practically free from pain.

3. Fred A., aged five, admitted April 27. Patient was thin, pale and poorly nourished. Had been ill for a few days before admission. On first examination face flushed, patient stupid, lies perfectly still in bed; respiration 60, temperature  $105\frac{2}{5}$ , pulse 140. Physical examination revealed evident pneumonia. Cough hoarse, harsh and painful, with no expectoration. Gave iodine tincture. April 29, cough looser, some expectoration, temperature 103. Ant. tart. 3x. May 2, temperature and pulse normal, lungs clear, patient up and about.

4. Mrs. H., aged thirty-one. Has been ill two weeks with rheumatism. Pains all over, but for past five days they have been confined to the diaphragm. On admission pains were so severe that it was impossible for her to draw a long breath, and her sleep was much disturbed because it was impossible for her to find a comfortable position. Temperature  $99\frac{2}{5}$ . Gave cimicifuga tincture. April 27, the following day, pain much relieved; slept from four until seven A. M. continuously. 29th, no pain; patient discharged cured.

What is the purport of these cases? you naturally ask. And

my reply is, that they are offered merely to show that the single remedy and the careful selection of the same is as much the practice of the one who uses the low dilution as of the man who uses the higher. To some, the mythical, mystical, hypothetical always appeals. To others, the practical, the material, the demonstrable. As believers in the law of similars we have evident duties to perform, and none so clear as to prove that medicine is amenable to law, and this never will be done until the question of dose is settled. I do not minimize the labors of the Baltimore Club, nor of those who believe in the Wesselhoeft chart as a means of purifying our *materia medica*; but how much and why are questions awaiting an answer. I care not whether the answer is in favor of the lowest preparation as advocated by Schmid, or of the dilutions and triturations strengthened by dynamization.

Once in a generation a physician arises who has the courage to test this matter so far as an individual can. It has been my good fortune to know such a one, and he assures me that for one year after giving up the highest dilutions he gave absolutely no medicine and with no ill results to his large circle of patients. In the year following he gave remedies only where most imperatively indicated. Is it not possible for those interested in this bureau to carry out this same plan, and in a year to make out a report which shall be of inestimable value to every practitioner, without reference to school, the wide world over?

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#### PHYSIOLOGICAL SLEEP.

BY E. P. COLBY, M. D.

[*Read before the Massachusetts Homœopathic Medical Society.*]

It would naturally appear that a subject in which all of us have had such ample experience would have but little that is original or novel to be said upon it; and in truth such is the fact. It is somewhat singular that a condition to which we surrender nearly one third of our time, and to which our indebtedness is as great as even to that of nutrition, should be so little studied. While investigators are experimenting in all other physiological fields and drawing valuable deductions, there seems to be but comparatively little effort to examine the physiological detail of the manner in which the recuperative powers of sleep are wrought. In looking over the medical literature of the past seven years, I have been unable to find a single important article written upon natural sleep; while the special articles upon that other recuperative, food, are almost innumerable.

This state of things is probably the more easily accounted for

when we consider the difficulty of experimentation during sleep, as nearly all physical tests must of necessity destroy the phenomenon being investigated. To have sleep so sound that ordinary physiological investigations may be carried on during its continuance, involves a previous amount of fatigue so great as to become pathological, and thus invalidate the results. Sleep produced by hypnotics, or anodynes of any kind, is not natural slumber, and complicates the investigation by the introduction of another and a foreign element more potent to produce results than is sleep itself.

There are various definitions of the sleep condition, each one carrying with it more or less of a theory as to the process. Thus Carpenter defines sleep as "a complete suspension of sensorial activity," and Prof. John C. Dalton used to describe it to his class as "an active condition of rest." These two definitions may be taken as typifying the results of sleep. In the first, the most active and the most fatiguing organism is in a passive condition of abeyance, and the other and lower processes, by the usual and normal action of their function, carry on the process of repair at their ordinary rate. In the second definition is involved the theory that the process of repair is proceeding more actively than during waking. In other words they are plus and minus equations.

Up to the present time I can find no record of investigations as to cellular or blood changes produced by this form of rest, which will point in which of the two ways we are to look for our explanation of the reparative office of sleep. One of our students is now making some researches in the action of the blood cells immediately before and after such rest, and if these prove of moment they will go far to answer the question. Thus far he tells me he finds only a decrease of polynuclear leucocytes, and an increase of lymphocytes, on first awakening from a long and profound sleep. This is too undecided for an adoption of either theory, although it would appear to point toward an increased formation of new cells, if as is claimed by some authors, the lymphocyte is the young polynuclear leucocyte.

We know from thousands of experiments in our own persons, how we succumb to the gentle invasion. We have experienced its sensations, we have watched in ourselves and others while one sense after another became dormant, until nothing remained in action but those functions necessary to life. We have seen in our patients and friends all the higher nerve centres cease to act, while the automatic alone kept up its activity, and the subject finally awakened refreshed and strengthened. This of itself would teach us that it is the action of these higher functions which takes the greater part in producing fatigue, that it is

the volitional element which carries the heavier load in the wear and decay of the tissues, and that the merely mechanical activity of the system is so small in comparison, that a cessation for a period, of the higher cerebral function permits an active accumulation of vital powers. Carpenter says: "The activity of the entire axial cord *below* the sensorium is not in the least diminished. There is no evidence that the consciousness of the sleeper is aroused because he withdraws a limb from a source of irritation. We find ample evidence in the results of experiments on animals and in pathological observation on man, that secondarily-automatic action involving a combination, or sequence of movements, adapted to a definite purpose, may come to be performed without the least consciousness." These are really reflex acts, and are obtained in the decapitated frog, showing that the nerve centres higher than the cord take no part in the action.

Lyman defines sleep as "that condition of physiological repose in which the molecular movements of the brain are no longer fully and clearly projected upon the field of consciousness." He would also seem to accept the theory of Pflüger, that the "cortical tissues are recruited by assimilation of nutrient substances in the blood. Oxygen is stored up in chemical combination, forming explosive compounds whose exact composition is not understood. The motion liberated by these explosions is, in some way not intelligible to us, projected into the field of consciousness where the mind dwells, and we are thus brought into conscious relation with the external world." This being his explanation of the active sensorium, he argues that by fatigue the explosive capacity of the cortical apparatus is reduced to such an extent that the vibrations are not of sufficient length, or do not follow each other with sufficient rapidity, to produce a sensory consciousness, and thus sleep sets in. There are some other conditions which simulate sleep if we are guided by the suspension of sensory consciousness alone, as in syncope and coma. Carpenter differentiates sleep and coma as follows: "In sleep ordinary sense-impressions do not awaken consciousness, but the sleeper can be aroused to activity by impressions which are in themselves of extraordinary strength, or which exert a special effect on the nerve-centres in virtue of a peculiar receptivity of the latter." "In coma, which so long as the suspended activity affects the sensorium alone resembles profound sleep in every particular, save that the patient cannot be aroused from it, if the cause be sufficiently potent, the suspension of activity extends downward to the respiratory nerve-centres, so that death ensues from stoppage of the movements of breathing. Between these conditions there is every gradation. Even natural sleep when

following upon extreme fatigue may be intensified so as to resemble coma."

Coma is not usually considered a condition of rest, but there are instances where it is more than possible that restful repair is going on in the cortical cells, as in the coma which follows a severe epileptic seizure.

Regarding the condition of the cerebral circulation during sleep, the variation in the opinions of most authors differs only in degree, as all experimenters and observers have noticed a diminution in blood-pressure to a greater or less extent during sleep. Published observations by Durham, Hammond, Mosso, Carpenter and others, all combine in showing that there was some anæmia of the brain.

When we consider the sequence of cause and effect, however, there is a signal and an important divergence. Lyman, following Mosso, believes the reduction of cerebral circulation not a cause but a result of sleep,—you will remember he endorses the explosion or vibration theory of Pflüger. Let us compare the observations of two or three authors. Mosso had an opportunity to compare the movement of the blood in the brain, with that of other parts of the body during sleep, and waking. The occurrence of sleep caused a diminution in the number of respirations, and a fall of six or eight beats in the pulse. The volume of the brain, and its temperature were at the same time slightly reduced, through a deviation of a portion of the blood-current to other regions of the body. If during sleep a ray of light was allowed to fall upon the eyelids, or if any organ of sense was moderately excited, without waking the patient, his respiration was at once accelerated, the heart beat more frequently, and the blood flowed more copiously to the brain. In all these variations the nervous impression was the primary cause. The changes of blood-pressure and circulation were invariably secondary to the excitement of the nerve-tissues. "Sleep is therefore the cause rather than the consequence of the cerebral anæmia. The movement initiated by a sensory impression arouses the vaso-motor nerves of the cerebral vessels."

J. Hughlings Jackson examined the retina during profound sleep and found it paler than was the same retina when awake; also the arteries were more contracted. Now in making this examination Dr. Jackson must have subjected the patient to a much more active sensory stimulant than did Mosso with his patient, and yet he did not awaken him, nor did he cause the retinal vessels to dilate, and we know the retinal vessels are but a projection of the cerebral, and mostly partake of their changes in blood-pressure.

Bearing more directly still upon the order and blood-pressure is the experiment of Dr. A. Flemming, going to show very

conclusively that a certain amount of anæmia is productive of somnolence. He produced "with great certainty a state resembling profound sleep by simple compression of the carotids in the neck." By inference Carpenter agrees with this theory, as he gives quite minute instructions for the procedure.

Dr. Charles H. Moore is authority for the statement that "Sleep is dependent on a reduction of the enormous blood-supply which is essential to the functional activity of the brain and that this reduction is effected by the control which the vaso-motor system of nerves has over the calibre of the arteries." The balance of testimony certainly favors the hypothesis that a certain amount of cerebral anæmia favors somnolence; very likely this is increased in degree as the profundity of the sleep increases. Certain facts noticed by many, if not all our number, must be in a great degree confirmatory of this opinion.

Most of us who are obliged to do our writing and studying late in the evening, after the ordinary duties of the day are finished, know from bitter experience the difficulty with which sleep overcomes our senses after a particularly severe amount of brain work. We are certainly more than ordinarily fatigued; the nervous explosions or vibrations of Pflüger must be as brief, or as infrequent, as at other times when we sleep with ease and without delay. The occupation of the evening has surcharged the brain with blood to such an extent, that for a long time the vaso-motor apparatus does not contract the vessels, and we do not arrive at the proper state of cerebral anæmia to induce sleep. A further example is the practice by many of my colleagues, and I am told the general custom at our Hospital for Insane at Westboro, to rely mainly upon a small quantity of some simple food like warm milk, and this has thus far proved the one physiological measure most frequently followed by success in causing sleep. The food causes an afflux of blood to the digestive organs, relieving the overcharged brain, and sleep follows.

Most people secure sleep sooner when the body and extremities are warm than when the capillaries are contracted by cold. This latter fact does not in any way bear upon the pathological sleepiness of those who are frozen, or nearly so, where we get the often-mentioned fatal sleep; this is probably caused by interference by refrigeration with the molecular activity of the cortex cerebri, and has nothing in common with the sleep of rest, except the sensorial suspension.

Lyman's inferences from production of sleep by applying warmth to the extremities, hardly bear out his deductions as following Mosso.

Reduction in the activity of sensorial impressions from the external world is favorable to the access of sleep. "Darkness

and silence usually promote repose, and the cessation of muscular effort which takes place when we assume a position that is sustained without it, is no less conducive to slumber." (Carpenter). A continuous and monotonous exercise of one sense, especially if it is an exercise to which one is accustomed, is conducive to sleep, as in listening to a sound which is practically unchanged, like the hum of a mill, the sound of a dull reader on a dull subject; or if the sight is affected by some uninteresting succession of the same objects, sleep is favored. The tactile sense exercised in the same monotonous way is made use of by mothers and nurses when they gently rub or pat the wakeful child, and adult invalids can often be put to rest by the monotonous gentle rubbing of the face or extremities; this practice is by many attributed to magnetic power on the part of the operator, but is nothing more than the rhythmical exercise of one of the senses, that of touch, and is in the same line of action as the monotonous sound, or glistening of waves in the sunlight. On the contrary when a person is sleeping during a customary noise, or rhythmical motion, the cessation of this vibration wakens him. When the ocean steamer stops its propeller in the night, nearly all on board are aroused, the sensorium appreciating the cessation of sound and jar to which it has become accustomed, and the change is projected upon the consciousness as an active impression, sufficiently powerful to interrupt the course of slumber.

If we accept the theory of cerebral anæmia as being one of the chief causes of sleep, is there any analogous vaso-motor action in other parts of the body bearing relation to this? There is a pathological phenomenon, of functional origin, which certainly is not unlike the neurasthenic flow of blood to the brain, with tormenting sleeplessness; the occasional hysterical flushings in which a portion or the whole body becomes temporarily reddened, hot, and finally bathed in perspiration, is but a local vaso-motor disturbance, and it is also just this class of patients who are subject to insomnia.

The subject allotted to me precludes writing upon the various therapeutic means of inducing sleep, but in closing I cannot refrain from briefly answering the question, What are the practical results of the foregoing lines?

First is the demand that as physicians we should carefully consider the necessity of sleep; that while we are searching various authorities for facts bearing upon the nutritive properties of various foods, their relative values for substituting chemical compounds to replace the losses from metamorphosis of tissue, we should ever bear in mind that physiological rest is as important in the proper repair of tissue as is the material for its reproduction. Man lacks for nutrition and the loss is made

known by keen hunger, and moreover there is a sensual pleasure in satisfying this want against which gratification there is but little foolish prejudice. But in this driving age and nation there is an idea prevalent—by far too prevalent—that time expended in sleep is time wasted. In the competition of the day every one is hurried, and social or business success is the one thing considered of inestimable value, and to achieve this desired end the brain, ever busy and goaded to action, is kept surcharged with blood, the natural desire for sleep is lost, and finally the delicate organism of the nerve centres breaks down, bringing condign punishment for such gross violation of their rights and demands. As medical advisers we can do somewhat in the way of calling a halt. Nor can we begin too early, for the regulation should be commenced with the young, who have not alone to replace ordinary metamorphosis, but also to produce new material. With the young the sleep habit can be established as it never can be with those in advanced years.

Second, How to promote sleep when it is needed, by other than active therapeutic measures. Habit has a great deal to do with this. A person who habitually retires late and awakens early soon loses the capacity for the usual seven or eight hours' sleep; and it is only by systematically putting oneself in the condition favorable to sleep and thus remaining, that the habit of proper slumber can be regained. The practice of deep study or exciting pursuits just before retiring calls blood to the brain and postpones sleep. One might naturally conclude that lying with the head propped up by high pillows would hydrostatically assist in emptying the cerebral vessels, but a moment's reflection will convince us that the hydrostatic pressure can be but slightly altered in this way, and is more than counter-balanced by the compression of the veins in the neck on account of the pressure exerted by the muscles in the cervical region while in this position. Rest being a process of repair is assisted by the current of blood reaching all the tissues being at its best, thoroughly oxygenated and free from all external carbon-compounds, and to facilitate this end the sleeper should secure his rest in an apartment where the air is absolutely pure. I think many of us have experienced the headache and feeling of fatigue which follow an occasional night in a small and ill ventilated room.

With most people wines, tobacco, and a large quantity of rich food, taken a short time before sleep, act as irritants and prolong the waking period, but I have failed to learn from observation or experience that dining some three hours before the usual hour of retiring interferes with sleep, and with many people there are other reasons which make this the more desirable time; most prominent among these reasons is the fact that

then the digestive organs are not interfered with by the hard work following a mid-day dinner.

Does the time at which the sleep is obtained, provided it is sufficient in amount, to make any change in the result? In brief is there any truth in the old adage that an hour before midnight is worth two hours after midnight? I had an opportunity to make some study of this subject in my naval service during the late war. On ship board, as is undoubtedly known to most of you, the ship's company—officers and men alike—stand four-hour watches day and night, and to get the required amount of rest are obliged to get their sleep irregularly; to so arrange it that the same men shall not be obliged to take early or late night watches continuously, the "dog watch" of two hours is interpolated, thus adding to the irregularity. In watching the results for over two years I could never discover that the watch officers and the men were not as fully refreshed by their sleep as were the medical and pay officers, who stand no watch, and have hours as regular as those of any householder.

There are certain states of the nervous system in which it seems to be impossible for the patient to get the necessary amount of sleep. Insomnia is one of the great ills of the day; this is, however, manifestly a pathological condition and its consideration has no place in an article upon physiological sleep, and will be discussed by my colleagues in their proper place. The same remark applies to sleep with dreams, for dreaming is a partial awakening of the consciousness and is not, strictly speaking, physiological sleep; that the dreams are pleasant does not vitiate the statement. In closing I will say that I consider this form of natural rest so necessary to our well being that I will harbor no ill will toward any of my hearers who have succumbed to its influence during the reading of this paper.

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#### HEMORRHAGE OF THE BOWELS.

BY HENRY EDWIN SPALDING, M. D.

[*Read before the Boston Homœopathic Medical Society.*]

Cases of hemorrhage of the bowels may be divided into two anatomical classes, according to the portion of the intestinal canal whence the hemorrhage comes; the rectum forming one class, and the remaining portion of the canal the other. They may, moreover, be divided into two pathological classes; those cases incident to the progress of some general disease forming one class, and those where hemorrhage is the chief or only symptom of disease the other.

In a case of hemorrhage of the bowels it is important to first discover from what point in the intestine the flow of blood has its origin. This can be pretty accurately decided by its character as it escapes from the anus. If it comes from just at or within the anus it will trickle, or flow away as fresh blood; if a little higher up and yet within the rectum, while the patient is in the erect position, it may not only escape as fresh blood but clots will be expelled. If the patient is in the horizontal position it may be seen only as clots and fresh blood expelled at intervals. If it comes from the colon, it will be more or less dark, muddy-looking, with, perhaps, some suggestions of normal blood color, according as it comes from a point near or far from the rectum, and as the flow is more or less profuse. In case the ascending colon is the seat of the hemorrhage the flow will very naturally be dark with little suggestion of the color of blood, in a light or moderate case. But if the flow be profuse, with frequent dejections, the characteristic appearance of blood will be more marked. If it comes from the small intestine, a moderate hemorrhage will have the color and consistence of tar. If the flow be more profuse, there may be with this tar-colored matter some suggestion of blood color.

All tar-like dejections do not, however, indicate hemorrhage in the intestine. Hemorrhage of the stomach, of the œsophagus, of the throat and of the nose may give dark, tar-like dejections. It is quite remarkable how few hours are required to give these peculiar discharges from blood swallowed in a case of epistaxis. A little careful investigation will readily eliminate this from the problem. In hemorrhage of the stomach we usually get bloody or coffee-ground vomiting as an accompanying diagnostic feature.

Unfortunately only about six or eight inches of the intestine is susceptible of ocular investigation. With the aid of the rectal speculum this portion should be examined in every case where there is any reasonable doubt. A case in point will be noted later.

The first pathological class of cases of intestinal hemorrhage would include typhoid fever, dysentery, purpura hemorrhagica, and cancer.

The second would include traumatism, ulceration, and piles.

Acute hemorrhage is one of the great dangers attending typhoid fever, and should receive careful attention at its outset. Even before the tar-like dejections appear, the symptoms of collapse, which is often quite out of proportion to the amount of blood lost, may lead one to suspect its presence. *Millefolium* is one of our old remedies for this, and in a few instances I have found it apparently efficacious. At all events the hemorrhage ceased. In one case where other means had failed, oil of *erigeron* was administered in drop doses and the bleeding ceased. It is my custom to apply compresses wet with *hamamelis* to the abdomen.

I have also given this drug internally, but apparently with less benefit than we might expect from its well-known hemostatic qualities, when other organs are involved.

In dysentery the remedy pathologically demanded as a similar is *mercurius corr.*, and it seldom fails to check the hemorrhage and cure the disease. I have resorted to the aid of enemas of water, hamamelis and water, etc., hoping to palliate and hasten a cure, but without any good results, and have thought they retarded recovery.

Hemorrhage of the bowels in *purpura hemorrhagica* is but a part of a general hemorrhage from the mucous surfaces. Indeed, hematuria usually precedes it. It should thus receive attention as a general rather than a local disease, and the treatment does not come within the scope of this paper.

In hemorrhage arising from cancerous disease of the intestine the discharge is ordinarily mixed with pus and mucus, and the odor, instead of being fresh or sickish, as in other cases, is offensive and purulent.

There may, moreover, be usually discovered a sensitive spot, and, unless the abdominal walls be very thick, a tumor very small or of considerable size. This latter symptom is, however, of less value at a primary examination than the character of the discharge, for not a few times have impacted feces been mistaken for a tumor. Of course if the tumor be within reach of the exploring finger in the rectum there should be no mistaken diagnosis.

The second pathological class of intestinal hemorrhages is what we wish to especially consider in this paper. The treatment of traumatic hemorrhage caused by wounds would lead us to a field of surgery too broad to be compassed by the work of an evening. Injuries arising from falls, or blows upon the abdomen, sometimes cause very troublesome hemorrhages. In these cases there is probably some constitutional idiosyncrasy predisposing to hemorrhage, or latent disease weakening or destroying the mucous surfaces, or an abnormality of the intestinal blood vessels. Whatever be the condition, if the hemorrhage be at all profuse the case is serious, because if the bleeding point be beyond reach with the aid of a speculum it is quite impossible to accurately locate it, and no local measures being applicable we have only the administration of so-called hæmostatics to depend upon. I may illustrate with a typical case.

A boy of about twelve years of age while skating fell heavily into the sitting position, thus receiving no blow upon the abdomen. Although apparently not much hurt, he went home. He then complained of feeling faint, and of distress in the abdomen. He soon had a bloody discharge, followed by others of dark clots and some comparatively fresh blood. When called, several hours later, I found him pale, pinched, heavy-eyed, pulse weak and rapid, body bathed in cold sweat, extremities cold, in short in a

condition of semi-syncope and approaching collapse. The discharges, dark in color with some almost fresh blood, were passed almost involuntarily, sometimes as often as every half hour. I learned that he had a marked hemorrhagic diathesis, slight wounds bleeding profusely; that he had had some alarming attacks of epistaxis and once before a hemorrhage from the bowels, the result of an injury not very unlike this. By aid of the speculum it was found that the bleeding point was not within the rectum, but from what portion of the intestinal canal it did arise it was quite impossible to tell. Such measures as were available, in the shape of hemostatic remedies and rectal injections were tried, but without avail. In about twenty-four hours he died. No autopsy was allowed.

Hemorrhage resulting from idiopathic ulceration of the bowels is of less frequent occurrence than might be supposed. If within the rectum, its most frequent site, it may be treated something as it would be in other parts of the body. If profuse, the patient should be anæsthetized, the anus dilated and the ulcer curetted, taking care to freshen the mucous edges and to make it aseptic as possible. Any freely bleeding vessels should be ligated.

In small ulcers the edges of the mucous membrane may then be brought together with a continued suture of catgut, hoping while thus effectually controlling the hemorrhage, to get rapid healing by first intention. If this fails, as it often will, there still remains the slower method by granulation, and no time will be lost, for we often get a partial if not complete healing. The further healing of these ulcers may be promoted in various ways, as in similar conditions in other parts of the body. Not properly coming under the head of this paper, they cannot here be considered. If there be suspected ulceration higher up in the intestinal canal there is less that we can avail ourselves of in the shape of local treatment. Injections by the aid of the long flexible tube might be suggested, but the risk of causing a perforation through some weak spot in the intestine would be about as great as trusting to internal medication to control the hemorrhage and heal the ulcer.

Besides from simple ulceration, hemorrhage from the rectum may result from a wound; may follow a surgical operation; may attend malignant disease, or, what is most frequently the case, a hemorrhoidal condition. If after an injury or surgical operation we find a patient faint, pallid, with pinched face, skin wet and cold, pulse weak, rapid and fluctuating, we may suspect hemorrhage, although there may be no escape of blood from the anus. A slight effort at defecation will probably expel a quantity of clots and fresh blood. Here demand is made for immediate surgical interference. With the aid of a rectal speculum the bleeding vessel or vessels should be secured and ligated and the wound closed with sutures of catgut, or in case the bleeding be profuse oozing

from a denuded surface rather than from distinct vessels, the cautery or a styptic, like persulphate of iron, is serviceable. If for want of proper appliances at hand the bleeding point cannot be exposed and the flow stopped, we should at once resort to packing the rectum. To do this effectually take a fair-sized, cone-shaped sponge through which a loop of strong cord has been passed, being sure to include in the loop enough of the sponge to guarantee that traction will not tear it through. Moisten the sponge with warm water and pass it far up into the rectum, the concavity of the sponge being downwards. In case a sponge is not at hand a large wad of cotton, or gauze, the traction string being securely fastened around its middle, may be used instead. Against this for a base, pledgets of cotton that have been sprinkled with persulphate of iron or some other styptic, or, perhaps better still, gauze plain or iodoformed, are packed until the rectum is full. It is surprising how much the rectum will hold, but it must be done thoroughly to be effectual. Then, the speculum having been removed, with counter pressure by the hand upon the anus, firm traction is made upon the cord so as to bring the packing to bear firmly against the bleeding surface. To avoid any possible yielding of the pressure, the traction cord may be tied around a firm mass of cotton, or gauze, outside the anus. If it is likely that the packing will need to be retained more than a day or two, it is desirable that a hard male catheter, or other similar tube, be passed through the sponge and the packing placed around it so as to allow the escape of gas. Thus provided it may remain five days or a week if need be.

If the hemorrhage comes from an ulcer or rectal abscess, a careful cleansing of the diseased surface and packing with iodoform gauze will often control the flow of blood and also expedite a cure.

If malignant disease be the cause of the hemorrhage, little can be done except the temporary relief afforded by the use of styptics, in solution or powder, as may be most convenient in the individual case.

Hemorrhage of the bowels sometimes recurs with marked periodicity. This is most likely to occur in females and at the climacteric, and is popularly looked upon as "vicarious menstruation." Accompanied with this theory is the notion that it is prophylactic against apoplexy, and hence should not be interfered with. Experience shows the fallacy of this. There is really a hemorrhoidal condition of the rectum and the hemorrhage is more marked at each recurring menstrual epoch, simply because there is at that time a plethora of the pelvic blood vessels. I have never known evil to result from checking the loss of blood in these cases, but benefit. The general debility, the anæmia, the cerebral symptoms with ringing in the ears, etc., gradually give place to an improved condition of health.

Hemorrhage from what is termed internal piles sometimes remains for a long time unnoticed because it is painless and the flow escapes only with the stool. These cases are doubtless more frequent than supposed. The loss of blood having been noted the bleeding point sometimes escapes the notice of the examiner. Though experience has given an eye to the end of his finger, the most skilled may fail to detect any abnormal condition from the sense of touch, and except the patient be anæsthetized even the speculum may show the real condition but imperfectly. To illustrate this:

Mr. W., an engineer, came to me complaining of hemorrhage from the rectum. He was a man of robust stature, but was weak and anæmic in the extreme. During the previous six months he had spent most of the time in one of our leading old-school hospitals. He said he had there been examined by the surgeons several times, before the class and in private, and each time the verdict had been that he had no piles but had arterial hemorrhage from some undiscoverable source, and that the real disease was cirrhosis of the liver, the result of alcoholism, although he claimed to have used stimulants very moderately, never having been intoxicated half a dozen times in his life, and often not tasting stimulants for weeks at a time. Digital examination per rectum gave me no positive sign. With the speculum I discovered the edge of a bright red surface, not unlike a vascular nevus only rougher, from which oozed blood. He accepted my advice to take ether for further examination and operation if necessary. When fully anæsthetized the anus was dilated and the speculum introduced, revealing a bright red, highly vascular spot, scarcely at all elevated above the mucous surface, which bled freely, one fine jet of bright arterial blood spurting three or four feet from the body. The bleeding spot was elevated with tenacula, its base transfixed with a needle threaded with a double ligature, which being tied checked all bleeding, and there followed an uneventful recovery. He was soon able to resume his former occupation.

This condition is primarily induced by an over-distention of some small group of capillaries, arterioles and veinules, which condition is taken on by contiguous groups, until it attains some considerable size and resembles a vascular nevus. The mucous membrane takes on a velvety, granular or strawberry-like aspect, breaking down easily and allowing a free escape of blood. This condition is often most satisfactorily relieved by the application of strong nitric acid. The surface having been dried, the acid should be applied with a glass rod or flat splinter of wood, the utmost care being taken that it touches only the diseased surface. In careless hands it has produced cicatrices that resulted in stricture of the bowels. The action of the nitric acid, by destroying the superficial tissues, forms a yellowish eschar which, dropping off, leaves a granulating surface that heals readily.

Strong carbolic acid may be used in the same way, also the solution of perchloride of iron. Powdered subsulphate of iron applied to the surface often relieves, acting as an astringent rather than an escharotic. In this line of treatment the cautery is doubtless most effective and satisfactory, but the idea of burning the flesh is likely to be repulsive to a timid patient, unless an anæsthetic is used, and then the radical operation by ligature or excision is generally to be preferred, although some here prefer the cautery. For temporary relief injections of very cold water, of hamamelis, or a saturated solution of alum have a beneficial effect. Also two-grain suppositories of subsulphate of iron are sometimes used with success. Internal medication will call for such remedies as *mercurius corrosivus*, *nux vomica*, *podophyllum*, sulphur, *æsculus*, etc.

There is little doubt that these highly vascular patches of mucous membrane if left to themselves eventually result in hemorrhoidal tumors with the accompanying prolapse of the bowel. In these the hemorrhage is not usually as severe or persistent, although they may be found in various stages of development. There the more radical treatment by excision, the clamp and cautery, the ligature, or electrolysis will usually be required, although sometimes surprisingly good results may be obtained from internal medication and local palliative treatment. This, however, is slower and less exact in results than the more distinctly surgical treatment.

**EDITORIAL.**

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*THE AMERICAN INSTITUTE OF HOMŒOPATHY.*

Another session of our national association has been held, another meeting added to its long list of successful gatherings. Homœopathic physicians from near and from distant parts of our great country have assembled in goodly numbers, and have spent a week in the serious consideration of such questions and subjects as are appropriately and usually brought under the consideration of so dignified a body. The official report of the meeting will be made public property in due season and by the proper authorities. In the meantime it is but natural to indulge in general reflections upon the meeting as a whole, to discuss such details as might attract the attention of the "interested observer" and are not likely to have place in official records, to draw conclusions from experiences and to modestly suggest points that might be pondered over to some advantage before the next annual meeting of the Institute.

As is well known the Institute held its session in the very attractive town, Newport, R. I.; a town made beautiful by man's artistic use of the possibilities prodigally offered by nature. The combination of sea and rock-bound shore, a wealth of shade trees, cool, enticing lawns, beautifully kept gardens, clean, picturesque streets, comfortable lodgings, the pleasures of the sea and the comforts of the land, sailing for the venturesome, driving for the more conservative, made the place of meeting simply unsurpassed. While the weather was not continuously all that the tourist might wish, it was sufficiently varied and comfortable to make work easy and pleasure easily obtainable.

The session itself may be pronounced a solid though not a brilliant success; solid in that the attendance was large, the interest unflagging, and much work of excellent quality transacted. As to attendance the registrar's list showed that 328 members were present. At the great Jubilee meeting only 258 members were registered. Denver seems to have presented

more attractions to the visitors than did Newport, since 386 visited the former against 275 the latter. As far as the election of new members is concerned, however, Newport takes the lead, as there were 153 names added to the membership list during this last session as against 135 at the Denver meeting. The number of papers read at Newport is not quite equal to the number read at Denver, but the discussions were as well conducted, as animated, and as instructive as any in the history of the Institute; and the interest manifested in the general and sectional meetings was certainly encouraging to those who have the welfare and progress of the Institute and of homœopathy at heart.

Many familiar faces were absent, and many familiar voices, voices we have been accustomed to listen to as they gave counsel or took part in discussions, were not heard at this meeting. Many other familiar faces and voices, many vigorous personalities and dominating spirits were present, however, to encourage, instruct and guide by their cheerfulness, activities and wisdom, so that the session will take its place in the history of the Institute as one of its substantial successes.

An agreeable feature of the meeting was the absence of intriguing, of the wire-pulling and political atmosphere which have somewhat marred the progress of some recent gatherings.

Party feeling was not unpleasantly prominent or even evident, and the good-will and spontaneity manifested in the nomination and election of officers and selection of the place for holding the next meeting were such as harmonized with the dignity and importance of an honorable, scientific and well established association.

The Institute is to be congratulated on its wisdom and its appreciation of the appropriateness of things in electing to the enviable and responsible positions of president and his associates members whose long service of usefulness to, and whose energy in advancing the interests of the Institute and of homœopathy, whose experience in administrative affairs, and whose general training and reputation are such as to win the respect, confidence and hearty coöperation of the entire membership and of homœopathists at large. This action of the Institute promises

well and stimulates expectation to a high degree, so that the coming year's work is likely to prove as successful as harmony and widely prevalent enthusiasm can ensure. The officers elected are: President, Pemberton Dudley, M. D.; vice presidents — D. A. MacLachlan, M. D. and J. C. Budlong, M. D.; general secretary, Eugene H. Porter, M. D.; recording secretary, Frank Kraft, M. D.; treasurer, E. M. Kellogg, M. D.; assistant treasurer, T. F. Smith, M. D.; censors — Drs. G. B. Peck, R. B. Rush, T. C. Duncan, Julia Holmes Smith, A. C. Cowperthwaite; registrar, Clitus S. Hoag, M. D.

The selection of the place for holding the next meeting is a subject which, next to the election of officers, usually absorbs for the time being the attention of those present, and the subject is not an insignificant one. This year Detroit seems to have been the choice of the convention, so the next annual meeting of the Institute will be held in that city. As the legislature of Michigan has but recently passed a vote removing the Homœopathic Department of the state university to Detroit and appropriating \$25,000 towards the erection of suitable buildings, and as homœopathy through channels well known to our readers has been brought prominently before the minds of the inhabitants of that state during the past few years, a fitting opportunity is now offered to the Institute to demonstrate to the legislature and people of Michigan that it has a lively interest in, and deep appreciation of the needs of, homœopathy in that state, and a settled purpose to do all in its power to show that appreciation, as well as a determination to advance by every legitimate means the cause of homœopathy in that section of our country. The Detroit meeting should be made, as it can be easily by united effort, an unprecedentedly brilliant success. The objects to be attained, the possibilities of the occasion and the necessities of the times are such that deliberate planning and vigorous, determined and sustained efforts are needed to accomplish the desired results. Although nearly a year intervenes between now and June, '96, the time is none too long for the careful work required to ensure the highest success.

Detroit fortunately is a city big enough to furnish adequate newspaper facilities, something sadly lacking in Newport, where the "dailies" would have been sorely overburdened had they

attempted to do any sort of justice to the meetings. The president's business address was printed in full by one enterprising paper, but that effort apparently exhausted its energies, for thereafter only a few brief lines were occasionally offered for the information of absent members and the interested laity. It should not be beneath the dignity of the Institute to take this matter into account in selecting places for holding meetings. Professional and lay friends of the Institute and of homœopathy, at a distance from the place of meeting, have no other way of immediately learning of the doings at the sessions than by means of the daily press. In cities of suitable size there always may be found several full-grown papers sufficiently friendly towards homœopathy or sufficiently untrammelled and independent to report in appropriate detail such parts of the transactions of special or general importance as are most likely to interest the public and keep them informed as to the vitality and progress of homœopathy.

Other advantages are possessed by large cities, such as a variety of halls suitable for large and small meetings. Possibly the ideal combination of ample and satisfactory hotel accommodations with large and small halls easily accessible is not to be found anywhere, but possibly Detroit has halls that are quite as accessible and commodious and perhaps, on the whole, a bit more suitable for the purposes of a gathering for scientific deliberations than a church of any denomination. The influences of a building dedicated to religious exercises may soften somewhat the asperities of discussions on surgical, obstetrical or medical topics, and even cause medical jokes to be uttered *pianissimo*; but some minds are so constituted that they prefer the association of secular subjects, medicine and politics for instance, with buildings devoted to secular purposes.

Where two or three specimens of humanity are gathered together it is not unusual to find a malcontent in the company. At all events at Newport there were at least several who thought that the "meeting house" was at too great a distance from their hotels for the three daily trips necessary to attendance on the sessions, especially as hurried trips were occasioned by the natural desire for a satisfactory lunch or dinner during the intervals between sessions.

The success of the sectional meetings has once more demonstrated the great utility of this plan of economizing time and coördinating the extensive work of the Institute. The "Section in Materia Medica and General Therapeutics," the most important one from the standpoint of the homœopathic practitioner, held meetings that were well attended, enthusiastic and eminently satisfactory. The subjects under consideration were all of practical importance, and it was stimulating, encouraging and refreshing to listen to the animated discussions, discussions which clearly and unmistakably testified to the unwavering confidence in the underlying principles of homœopathy possessed by the speakers. Such discussions and such testimony uphold the faltering, strengthen the weak-hearted and send them to their homes with renewed determination to adhere to the only unchanging principles of medical practice, principles which accumulated experience demonstrates to be reliable and worthy of confidence. Such meetings are eminently satisfactory, as showing the stability of homœopathy, especially when its methods of practice are contrasted with the rapidly changing and evanescent methods of modern "rational medicine." There is every reason at present to expect that such meetings will remain the chief characteristic of the annual sessions of the Institute.

Greater variations of opinion were possible and were manifested in the meetings of the sections in Surgery and Gynæcology, sections which furnish peculiar attractions at the present time when fascinatingly brilliant results in these fields are so easily obtainable. The last meeting of the section in Gynæcology was made especially animated and memorable by the reading of Dr. Sarah J. Millsop's paper on "Diseases of Women Cured without the Knife," and the discussion to which it gave origin. Here again the value of homœopathic principles was heroically testified to. The section in Surgery had such a wealth of material for consideration that many grudged the time spent in the lengthy and resultless discussion of certain recommendations contained in the president's business address, since such time was abstracted from the limited time at the disposal of the section.

Medical education is a subject on which the Institute has often and emphatically legislated, and this year the Institute showed itself still actively alive to the importance of the subject.

It is well worthy of special note that at the largest meeting of the Intercollegiate Committee ever held the action of former years in making the four years' course compulsory in all the schools represented in the committee was unanimously and warmly sustained. The far-reaching influence exerted by this committee makes it one of the most important in the Institute, and it is distinctly creditable to the Institute that this committee so harmoniously and positively adheres to its intention to uphold its high standards. A special committee was appointed to arrange a uniform curriculum for the four years' course.

The meeting given up to the Hahnemann Monument committee was not the dazzling success so earnestly hoped for by the friends of the scheme. The sculptor and architect were present, and models and photographs of the statue were on exhibition and for sale. The subscription list was substantially increased by the addition of \$3,300, an amount which though very acceptable fell far below expectations. Having progressed so far in the work on the monument it must be completed, and it is to be hoped that too long a period may not be allowed to pass before the original plan is generously carried out.

The social element was not lacking, and it added much pleasure to the session. There were receptions and concerts and excursions, judiciously interspersed between the more weighty and serious business meetings. The local committee had been energetic and thoughtful, and had done all in its power to anticipate the varied needs and desires of its many guests. The citizens of Newport tendered a complimentary concert to the visiting homœopathic physicians and their guests, which was well attended and heartily enjoyed. The homœopathic practitioners in Newport are not numerous, but Dr. Squire and Dr. Stanton in an exceedingly genial and hospitable manner exerted themselves continuously to add to the entertainment of the Institute. To give some sort of an idea of the impressiveness of one of the receptions the following lines are clipped from a Newport paper:—

Last evening a reception was held at the Ocean House, and never before in the history of that hostelry had there been such a large crowd in the corridors and piazzas of the hotel. The state and city officials were largely represented, as well as our

leading citizens, who were out in large numbers. About the lawns thousands stood listening to Reeves' famous band, which was greeted with tremendous applause. . . . Dr. Squire was here, there and everywhere, during the reception, and through his untiring efforts the hours were pleasantly passed. Introductions followed in rapid succession, and before the hour for departing had arrived the visitors had formed the acquaintance of many Newporters.

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### EDITORIAL NOTES AND COMMENTS.

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#### *NOTES FROM SECTIONAL MEETINGS OF A. I. H.*

A correspondent has kindly sent us a few notes on the recent meeting of the American Institute of Homœopathy which are of sufficient importance to the general practitioner to justify their reproduction verbatim and without comment:—

*Section in Gynæcology, Monday morning, June 24, 1895.*

Dr. Alonzo Boothby, Boston, Mass., read his paper on "Pelvic Peritonitis," in which he stated that his experience and observation had led him to conclude that the pathological change was especially the involvement of the serous membrane and *not* cellulitis, as many authorities give it, the infection often occurring through the Fallopian tubes from the uterus. That a differential diagnosis from pyo-salpinx, abscess of the ovary, etc., should, and in a majority of cases, could be made.

Dr. B. Frank Betts, Philadelphia, Pa., said that these cases often resulted from lack of uterine drainage, and that such drainage would many times cure.

Dr. E. H. Pratt, Chicago, Ill. Is it necessary that extension should be by continuity of tissue, or the direct passage of a microbe? Why not through the sympathetic nerve (reflex)? We have in the pelvic organs with associated functions and the same innervation, and if one branch of the nerve be affected why cannot the disturbance be reflected to another branch?—especially as that branch is in a part lying adjacent to the one first involved.

*Section in Clinical Medicine and Pathology, Monday afternoon, June 24, 1895.*

Dr. W. J. Martin, Pittsburg, Pa., read a paper on "A Review of some Rare Sequelæ of Typhoid Fever," and among others mentioned two cases of gangrene of the cheek, both of which died.

Dr. St. Clair Smith, New York, N. Y., in commenting on this paper said that his experience with noma had been as fol-

lows: In the House of Industry, N. Y., there had been treated in twenty-seven years from forty to fifty cases, three being fatal. He had been unable to find any remedy indicated, as far as he could see, homœopathically, which had been of the least use. But thirty-one out of thirty-two of these cases of gangrene of the cheek had been saved by chlorate of potash (*kali chloricum*), a saturated solution being used to swab out the mouth and thoroughly cleanse the ulcer to prevent swallowing of the discharge, the same remedy being given internally anywhere from the 3x up. This treatment was also used by his predecessors, Drs. Joslin and Houghton. (See Allen's Handbook of Materia Medica, p. 606.)

In regard to the paper of Dr. W. H. Hanchett, Omaha, Neb., on "Typhoid Fever" in which he gave typho-malarial fever as a variety of typhoid, Dr. Smith said that he did not believe there was any such disease as typho-malarial fever; it was either one or the other, *i. e.*, typhoid with malarial complication or malarial (remittent form) with typhoidal condition, and in *neither* case was it properly *typho-malarial*, and certainly it was not a *variety* of typhoid.

Dr. A. K. Crawford, Chicago, Ill., said that in the West there *was* a form of fever that was properly called typho-malarial, just as there were fevers in the South that could not be classed under any of the various febrile diseases of the textbooks. Malarial fever was essentially *the* fever of new countries, while typhoid occurred in greater proportion in the district between the recent settlements and the older and more thickly settled parts. In some places one finds a combination of the two affections. Typhus occurs rarely in this country except when imported; he did not doubt but that when New York City, for example, became older it too would have cases of typhus, as they had in Europe. As for noma the mortality was 100 per cent. Ergot seemed to be the only homœopathic remedy covering the pathology.

*Section in Surgery*, Tuesday morning, June 25, 1895.

As Dr. H. Northrop, Philadelphia, Pa., was not present and had not sent his paper on "The New Anæsthetic," Dr. J. H. McClelland, Pittsburg, Pa., was called upon by the chairman to describe the new anæsthetic. He began by saying, that it was, as far as could be ascertained, entirely original, Dr. Northrop having written to England, Germany, France, etc., but not finding any record or knowledge of a similar anæsthetic. It consists of chloroform through which is forced pure oxygen gas, the atmospheric air being excluded. He had used it with success, the first time in a long case, with improvement in the pulse which had been previously weak; only three drachms of chloroform were actually used in one hour and three quarters. Dr. McClelland uses nothing else in the hospital now. It takes about four minutes for the patient to become unconscious.

The great advantages are the small amount of chloroform used

and the improvement in the pulse, while the skin appears normal as the blood is thoroughly oxygenated. In a case where the pulse began to fail he gave the oxygen admixed with air, without the chloroform, until the pulse was better, and then returned to the chloroform. Occasionally there is a little nausea during anæsthesia but very little if any after, certainly not as much as with ether. Consciousness returns very readily, perhaps too promptly, on account of the pain that may be present. The patient goes to sleep very readily. The combination of the life gas with the lethal gas seems to be very happy and overcomes the greatest objections to chloroform. About forty gallons of oxygen were used in a two hours' operation. Two to four gallons are required to produce complete anæsthesia. Forty gallons of oxygen in a cylinder cost \$2 for the oxygen, the cylinder being extra and can be returned when emptied. 100 gallons for \$5. He had not used the anæsthetic in labor.

Dr. B. Frank Betts, Philadelphia, Pa. It reduces the danger of chloroform to the minimum, but it does not give complete relaxation and I have often had to use ether, intercurrently, for that purpose, returning to the chloroform and oxygen later.

Dr. Reuben Ludlam, Chicago, Ill., said he used about as small an amount of chloroform with an Esmarch inhaler; that the chloroform and oxygen with the cylinder was too cumbersome for private practice, and he objected to the changing from one anæsthetic to another.

Dr. George W. Roberts, New York, spoke of the great objection to the use of nitrous oxide gas in serious operations being the lack of relaxation, and if this difficulty were present during chloroform-oxygen anæsthesia it was important to know it, as it would materially limit the usefulness of the new anæsthetic. Too much chloroform and ether were used, as a rule, in operations, and he was glad if the tendency were to decrease the amount, so that the patient would not be drowned in the anæsthetic.

M: W. T.

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BY WAY OF CONTRAST the following clipping from the "North American Medical Review" is reproduced. Contrasted with other accounts of the papers read, discussions held, and business transacted by the national representative of "rational" or "traditional" medicine it seems hardly possible that the clipping refers to the annual meeting of the American Medical Association. The animus of the writer shows rather plainly through his report, but as it has its humorous side, and as it shows what different views may be taken of the one subject it is here presented for what it is worth:—

“The American Medical Association’s meeting in Baltimore, May 7 to 11, was an unusual success from a standpoint of attendance, and especially from the western states, but was characterized by no innovations upon old ideas and methods or by any marked indications of progress. The various sections commenced systematic work on the morning of the 7th; the papers and discussions were of a high literary order, but those who had expected a practical business session and new legislation for the profession at large were disappointed. The membership of this body being composed largely of the wealth of the profession, the autocrat and the professional cuckoo, are not likely to concern themselves much about the struggling masses of physicians, for they are well satisfied with their own conditions which are above the disturbing influences of hard times. The medical corps of the United States Navy, a fine salaried, high titled and well fed class of professional gentlemen came in for the fostering care of the Association, and about ‘the most important’ action was to memorialize congress in their behalf. The Rush monument fund to commemorate the good deeds of one who has gone before, also received attention. The effort to exclude certain advertisements from the Journal of the Association failed. Congress was asked to provide another large sized crib, a national Health Bureau for some of the unprovided faithful, but legislative relief from restricting bonds, that by years of bigotry and neglect have hampered less fortunate members of the profession, came not.”

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ON THE SUBJECT OF MEDICAL EDUCATION the attitude of the American Institute of Homœopathy is very gratifying. Especially so is its recent action unanimously supporting former legislation adopting the four years’ course as requisite to graduation from any of the colleges represented in the Institute. In this connection the following clipping from an old-school contemporary may not be uninteresting to our readers:—

“Opposition to a four years’ medical course of study comes from five medical colleges of Baltimore. They ‘doubt the advisability of adopting a four years’ course at this time,’ and the delegate of one of them gives notice that he will present at the next meeting of the Association of American Medical Colleges an amendment to the constitution reading as follows: ‘Candidates for the degree of M. D., in 1904 or thereafter, shall have pursued the study of medicine for a period of four years, and attended at least four courses of lectures of not less than six months’ duration each.’ At the San Francisco meeting it will be remembered that the Association voted that graduates of later date than 1898 should be required to furnish evidence of attend-

ance upon four courses of lectures, in different years, of not less than six months' duration each. The colleges now opposing this four years' course, and wishing to recede from the action taken, are: The Faculty of Physic, University of Maryland; College of Physicians and Surgeons of Baltimore; Woman's Medical College; Baltimore Medical College; Baltimore University School of Medicine."

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### SOCIETIES.

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#### *MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.*

The seventeenth semi-annual meeting of the Massachusetts Surgical and Gynæcological Society was held at the Copley Square Hotel, Boston, Wednesday, June 19, 1895, President H. A. Whitmarsh, M. D., presiding.

Upon the recommendation of the executive committee the following physicians were unanimously elected to membership:

Dr. W. C. Stilson, Winchester; Dr. W. M. Townsend, Melrose Highlands; Dr. G. W. Crane, Foxboro; Dr. F. W. Dodge, Norwood; Dr. W. E. Bongartz, Beverly; Dr. J. P. Sutherland, Boston; Dr. A. H. Tompkins, Jamaica Plain; Dr. A. J. Nixon, Roxbury; Dr. C. A. Barnard, Centerdale, R. I.; Dr. S. A. Martin, Hyde Park; Dr. T. J. Partridge, Cambridge.

The necrological report was presented by Dr. J. H. Sherman and Dr. J. P. Rand. Dr. Sherman paid an impressive tribute to the life and character of the late L. D. Packard, M. D., speaking of him as neighbor and friend, a public-spirited citizen, an honorable, successful and universally beloved physician.

Dr. J. P. Rand pronounced an eloquent eulogy upon the late David Brainard Whittier, M. D., who among many other official positions, had filled most acceptably the office of president of this society. Dr. Whittier was a genuine and pure man. His character blended elements of strength and beauty; wore as well as gold. Nature had been very kind to him mentally and morally as well as endowing him with a genial and imposing presence. His face was a model for a sculptor. He possessed strong personality and marked individuality. He was unconventional in dress and manner. He won and held a large circle of friends. His devotion to his profession was untiring. Fidelity, thoroughness, a critical honesty, a judicial fairness and a native modesty which so often accompanies great gifts, were prominent traits in a man whom all honored and none knew but to regard with admiration and an affectionate esteem. His loss to the medical profession is irreparable.

In the scientific session the following papers were read: "The Histological Diagnosis of Cancer," J. P. Sutherland, M. D.; "The Surgical Treatment of Malignant Pelvic Growths," L. A. Phillips, M. D.; "Surgical Treatment and Prognosis of Mammary Cancer," W. B. Van Lennep, M. D.; "Local Applications and Internal Medication," J. S. Mitchell, M. D.; and by title "The Statistics and Prophylaxis of Malignant Growths," James Krauss, M. D.

Dr. Sutherland gave emphasis to the fact that malignant growths were merely normal tissue elements out of place and taking on an abnormal development and activity. His remarks were well illustrated by crayon sketches.

Dr. Phillips urged the necessity for greater care in early diagnosis of malignant pelvic growths, as only early operations hold out reasonable promise of a radical cure.

Dr. E. H. Pratt of Chicago had been trying to adjust himself as a harmonious cell in the cerebro-spinal system of Boston. Our bodies are but crystallized spirit. No human being can be unsexed. We can experiment a little with the tenement, can remove the organs peculiar to the sex, but the spirit and personality remain. Far better a healthy, happy woman without uterus and ovaries than one whose diseased pelvic organs make her life a burden to her friends and a living death to herself. The mental disorders following hysterectomies are so rare as not to merit consideration when compared with the often proved permanent relief following surgical procedures when indicated for the relief of malignant or other suspected pathological pelvic conditions.

Dr. O. S. Runnels of Indianapolis had seen many cases of pelvic disease which seemed to be the sufficient cause for insanity, and some of these cases had been radically cured by pelvic surgery. The function of nutrition should not be disregarded. In most cases cancers attack those whose vitality is at a low ebb. The best prophylaxis is a good physical bank account. He had become convinced that the official theory of disease is in many cases true. Its author, though subject to present criticism, deserves to stand in bronze as a benefactor to the race.

In the discussion of Dr. Van Lennep's valuable paper, Dr. Horace Packard said that women are not so secretive as formerly and that an earlier diagnosis is therefore less difficult. He should be conservative in advising operations upon the mammæ of women under twenty-five years of age. The views of the reader of the paper were most interesting and ably presented. In the main they met with his approval.

Dr. J. S. Mitchell of Chicago urged the necessity of reconsideration of the questions connected with operative treatment, as confessedly seventy per cent of malignant growths recur within three years of the operation and with fatal results. He presented most forcibly the claims of local applications and

internal medication. In very many cases nothing is so hostile to a malignant growth as the knife. An experience with 143 cases within a period of six years warrants the assertion that persistent treatment with homœopathic remedies internally, combined with judicious topical applications, is decidedly of benefit.

Dr. A. H. Tompkins had seen many tumors of the breast which were suspicious, but which he could not positively affirm were malignant, disappear under medical treatment alone. He had been most successful with *Thuja* 6x, *Silica* 30x to 200x, and *Kali. bich.* 6x. Some of these growths were fungous and excessively vascular. The hemorrhage had been controlled and the size of the growths markedly diminished by the use of homœopathic remedies without adjuvant treatment.

Dr. L. A. Phillips presided most acceptably as toastmaster at the post-prandial exercises. He first called upon Ex-President A. Boothby, M. D., who gave a witty and eloquent response to the sentiment, "Our Society's Past."

Dr. Phillips: Doctors as a class are not given to undue anxiety for the future. We have with us to-night one whose hand is on the helm and who further is peculiarly capable of prophesying because he is thoroughly familiar with the ways of Providence.

Dr. H. A. Whitmarsh, president of the society, responding to the toast, "Our Future—A Prophecy," said: Doctors generally have too little money to deal in futures. The growth of this body from ten to 200 members within a few years is the surest and best promise of its future. Our leading characteristic is readiness to learn. We are all truth seekers, and hold ourselves open to the truth whenever and wherever found.

Dr. Phillips: In the olden time, the clergyman combined in his own person the office of physician and priest. In the process of evolution by segmentation the great "sell" was made two; the doctor's function was to care for material, the minister for immaterial conditions. A distinguished representative of the immaterial will respond to the sentiment, "The Minister and the Doctor, Coworkers for Humanity."

Rev. A. S. Gumbart: I shall attempt no rejoinder to the protoplasmic remarks of the toastmaster. I was advised by a medical friend before coming here to-night to say nothing upon the subjects of medicine or religion—nothing of medicine because I am supposed to know very little about it, nothing of religion because you may be supposed, possibly, to know not much about that. Our professions in some respects are similar. Our advice is not always acted upon. Sometimes it requires a good deal of religion to take your medicine, and sometimes it requires a good deal of medicine to take my religion. Both minister and doctor are summoned in the gravest crises of life. The physician must minister to the mind and soul as well to the body diseased. Your calling is as sacred as my own.

Dr. J. S. Mitchell responded to the toast, "Aftermath of the

World's Medical Congress": The Congress was twice the largest gathering of homœopathic physicians ever held. It was epochal. It gave an impressive demonstration of the numbers, importance and dignity of our school. The influence and inspiration of this Congress was felt last year at Denver, and will stimulate profoundly this year's meeting at Newport and the Quinquennial Congress which convenes in 1896 at London.

Other responses were made as follows:

The Ideal Physician, DR. C. S. GATCHELL.  
 "You have showed yourself a wise physician."

— *Merry Wives of Windsor*, II., 3.

The Doctor in Court, HOMER ALBERS, ESQ.  
 "It is a secret worth knowing that lawyers rarely go to court."

— *Crowell*.

The American Institute, DR. C. E. FISHER.  
 "But if it be a sin to covet honor,  
 I am the most offending soul alive."

— *Henry V*, IV, 3.

Woman's Sphere, DR. SARAH E. SHERMAN.  
 "Nay, ladies, fear not,  
 By all the laws of war, you're privileged."

— *Henry VIII*, 4.

The Doctor's Wife, DR. O. S. RUNNELS.  
 "What is there in the vale of life,  
 Half so delightful as a wife?"

— *Cowper*.

Original Thought. — Medical Progress, DR. E. H. PRATT.  
 "In what a forge and what a heat  
 Were shaped the anchors of thy hope."

— *Longfellow*.

The Massachusetts Homœopathic Medical Society, DR. F. C. RICHARDSON.  
 "Reverend fathers, men of singular integrity and learning."

— *Henry VIII*, I, 4.

The Boston Homœopathic Medical Society, DR. H. C. CLAPP.  
 "Wise physicians skilled our ills to heal,"

— *Pope*.

The Sphere of Psychological Influence, DR. JAMES R. COCKE.  
 "A body to his former strength may be restored  
 With good advice and little medicine."

*Henry IV*, III, I.

"——— fugiunt ——"

But the righteous are bold as a lion."

The distinguished guests of the society, Dr. C. S. Gatchell, Dr. C. E. Fisher, Dr. J. S. Mitchell and Dr. E. H. Pratt of Chicago, Dr. O. S. Runnels of Indianapolis, and Dr. W. B. Van Lennep of Philadelphia, added much by their words and presence to the pleasure and value of the session, which in point of attendance and interest has not been surpassed in the history of the organization.

One hundred plates were laid at the most excellent banquet furnished by mine good host Risteen.

Adjourned at 10 P. M.

F. W. ELLIOTT, *Secretary*.

## REVIEWS AND NOTICES OF BOOKS.

“THE LIFE AND LETTERS OF DR. SAMUEL HAHNEMANN.”

By Thomas Lindsley Bradford, M. D. Philadelphia: Boericke and Tafel.

Readers of the “Homœopathic Recorder” were prepared for the appearance of this biography by the monthly presentation of the material of which it is composed, but in its present dress as a complete book it deserves more than mere mention. The book contains over 500 large octavo pages of distinct and satisfactory type. Its reading matter is presented in 92 short chapters which intimately follow the unusually long, varied and exceptionally useful life of its subject from his birth in 1755 to his peaceful death in 1843.

Of such a book it is impossible to say much, except that it is a particularly thorough, honest and unvarnished compilation, the material for which has been gathered by a painstaking scholar, from every available source. Those acquainted with the compiler’s thoroughness, earnestness of purpose, and ability and facilities for doing the work will have no difficulty in accepting its statements as eminently reliable. The book is almost purely biographical, the object of the compiler being to offer his readers the story of Hahnemann’s life simply and sympathetically told with scrupulous regard to minute detail, and having told the story as accurately as long preparation and exceptional opportunities permit, to leave comment and conclusions to others. Having done his work he can well quote the words of Hering found in the Preface, “Then let the estimate follow, not penned by the laborious biographer, but formed in the inmost soul of him who shall have read and weighed the whole.”

The book presents all accessible facts connected with the life of this great man, in chronological order, narrating in a “concise manner the romantic story of his wanderings, his persecutions, his discoveries, his triumphs”; relating in simple language the experiences of the child, the youth, the student, the man as husband, father, physician, philosopher; and chronicling all the facts which led to the great discovery and evolution of homœopathy. Not only is the book valuable for its compilation of facts and statistics hitherto widely scattered and practically inaccessible, but it is especially valuable for its testimony to the moral worth and upright character of the man who was the leader of the greatest medical reformation in history.

The story as a whole is a fascinating one and every homœopathic physician should make it a duty to become familiar with it; and the book is one that can be heartily recommended to the intelligent laity who desire to know something of the famous founder of homœopathy; of the man who was, in the words of

the compiler, Dr. Bradford, — “ Scholar whom scholars honored and respected ; physician whom physicians feared ; philologist with whom philologists dreaded to dispute ; chemist who taught chemists ; philosopher whom adversity nor honor had power to change.”

We are told that it was *nine years* before the first edition of the Organon was sold. In justice to Hahnemann, in justice to homœopathy, in justice to the intelligence of homœopaths and their power to appreciate a work of such value, and in justice to the worthy purpose and industry of the compiler, it is to be hoped before nine years have passed not one but many editions of this book may have been published and sold.

“ A PATHOGENETIC MATERIA MEDICA, BASED UPON DR. HUGHES' AND DAKE'S CYCLOPÆDIA OF DRUG PATHOGENESY.”  
By the Medical Investigation Club of Baltimore, Md. Pp. 347.  
Philadelphia : Boericke & Tafel.

Those who are familiar with the views frequently expressed in the Gazette on materia medica revision and critical analysis of drug-provings must know that it has only a warm welcome for so unique a book. In brief, the plan of the book is as follows : pathogenetic records have been carefully analyzed and only those symptoms preserved in the records which have occurred in more than one proving or poisoning, a figure being attached to each symptom showing the number of times that symptom has occurred in the provings analyzed. To the symptomatology of each drug are added a few paragraphs of therapeutic suggestions.

The book does not include the entire materia medica, of course, but deals with only forty-seven drugs, viz. : acidum carbolicum, acidum hydrocyanicum, acidum oxalicum, acidum picricum, aconitum, actæa racemosa, æsculus hip., agaricus, ailanthus, aloes, amyl nitrite, antimonium tart., apis mel., argentum nit., arnica, arsenicum, belladonna, bromine, bryonia, camphora, cannabis Indica, cantharis, carboneum sulph., carbo veg., chamomilla, chelidonium maj., china, chininum sulph., cicutia virosa, clematis, coca, coccus cacti, colocynthis, crotalus, croton fig., cuprum, cyclamen Europ., gelsemium, glonoinum, hamamelis, hydrastis, kali bich., kali chloricum, lilium, opium, santoninum, and thuja. The reasons for the selection shown in this list are not given. Several of these drug-studies have already appeared in print so that more extended notice of the method itself is unnecessary. It is not so much the method of doing the work as it is the result of the work that is of chief concern to the practitioner ; and this book, offering as it does a series of reconstructed symptomatology, the rebuilding of which has been based upon analysis of provings found in Hughes' and Dake's careful revision of the materia medica, must be looked upon as reliable. At all events, it cannot be accused justly of containing superfluities in the way of symptoms. As a matter of principle one might object to includ-

ing sections on therapeutic applications in a book intended to represent a new, purified, and scientific materia medica, but such sections are suggestive and they are always appreciated by the general practitioner. Such studies in materia medica should receive solid encouragement, because it is along this line only that true advancement in medicine can be made.

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### PERSONAL AND NEWS ITEMS.

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DR. WALTER H. TOBEY has moved from 361 Columbus Ave. to 173 Newbury St., and his brother, Dr. C. McV. Tobey, has taken his Columbus Avenue office.

DR. HORACE PACKARD goes to Winter Harbor, Maine, July 15, for the summer. Special appointments for temporary returns to Boston for important consultations or critical operations may be made through Dr. F. P. Batchelder, 238 Massachusetts Ave., Boston.

THE NEWTON SANATORIUM was originated for the accommodation of persons with nervous or other diseases who needed sanatorium treatment, at fifteen to thirty-five dollars a week. These patients reside in private homes, with skilled nurses, and receive the personal care of Dr. Paine. There was then a demand for the care of insane patients at similar rates, and this need has now been provided for by Dr. Edward H. Wiswall, former assistant physician at Westboro. He has taken a house at Newton, where he will receive insane patients and they will have the medical supervision of Dr. Paine. All correspondence should be addressed to Dr. N. Emmons Paine, West Newton, Mass.

DR. L. B. PARKHURST has returned to Allston, Mass., from Waltham, and is located at his old address, 75 Aldee St.

REMOVAL. — Dr. Walter B. Whiting has moved to his new location, in Malden, 109 Summer Street.

DR. W. W. NUTTING has given up his office in Milford, Mass., and is now located at East Somerville.

DR. LAURA W. COPP has moved from 16 Bulfinch St., Boston, to 312 Columbus Avenue.

THE WOMAN'S INTERNATIONAL PROVERS' ASSOCIATION met at Newport and presented reports on provings of two drugs. That by the branch on the Pacific Coast on *viburnum opulus* will be published in the transactions. The proving of *ferr. iodat.* by the other members, being incomplete, will not be published this year. The officers were reelected and another drug chosen for work the coming year.

MILLIE J. CHAPMAN, *President*,  
SOPHIA PENFIELD, *Secretary*.

# THE NEW-ENGLAND MEDICAL GAZETTE.

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## COMMUNICATIONS.

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### *NERVOUS INSTABILITY A CAUSE OF PELVIC DISORDERS.*

BY FRANK C. RICHARDSON, M. D., BOSTON.

[*Read before the American Institute of Homœopathy.*]

“ ’Tis no sinister, nor no awkward claim  
Picked from the worm-holes of long vanished days,  
Nor from the dust of old oblivion rak’d.”

— Henry V.

On the contrary, it is only by means of the light of the knowledge of recent times and an appreciation of the wonderful vasomotor function that a paper from this standpoint is possible. The reverse proposition has been so long and so loudly proclaimed as to make it most familiar.

The reflex origin of nervous diseases is a fact which has been long recognized and much written about.

The chief novelty of the so-called “official philosophy,” which has received more or less attention of late, lies not so much in the character as in the unrestricted extent of its pretensions. The germ of truth which it contains comes to us from earliest medical literature.

The mutual relationship of pelvic and nervous diseases in particular was a fact, like so many others in medicine, recognized long before it received a correct explanation. The ancients saw only uterus when regarding hysteria. Hippocrates described the hysterical paroxysm and its accompanying disorders under the name of “strangulation of the uterus.” Nervous diseases generally, when in the female, were supposed to originate in some way from the abnormal movements of the uterus. It was believed that this erratic organ could wander at will throughout the body, doing all manner of mischief. Hippocrates asserted that it was the origin of six hundred evils and innumerable calamities, and the present astounding industry displayed in its removal would seem to indicate that the tendency of the day is toward the Hippocratic way of thinking.

While no one in the light of present knowledge denies that the association of neuroses with disordered conditions of the female reproductive organs is frequent, the prevalent idea as to how such association comes about, or which is cause and which effect, is, I fear, but vague and ill-defined.

It requires but a glance at the anatomy of the utero-ovarian nerve supply to trace the intimate connections of these organs with the great nerve centres. The nerves of the uterus and ovaries arise from the cœliac plexus through the intervention of the venal plexus, which through its inferior ganglion is distributed to the ovaries and spermatic or genital ganglia. These genital ganglia, four in number, receive two large branches from the great sympathetic, and give off a great number of nerves to the ovaries. Formed of the principal branches of these ganglia with the addition of small branches from the four lumbar ganglia of the sympathetic, is the great uterine or lumbo-aortic plexus. This plexus divides on the promontory of the sacrum into hypogastric plexuses, which are joined by branches from the terminal ganglia of the sympathetic and are distributed to the lateral borders of the cervix uteri. There is a large cervical ganglion on each side of the neck, from which arise the greater number of the uterine nerves, the rest coming directly from the hypogastric plexus. The cervico-uterine ganglia receive their afferent branches not only from the hypogastric plexus, but also from the second, third, and fourth sacral pairs.

It will thus be seen that the nerve supply is derived from both the cerebro-spinal and ganglionic systems, and so intimate and intricate is their anastomosis that it seems impossible to distinguish the fibres of one from those of the other.

Remembering the origin of this network of nerve filaments and the physiology of these two great nervous systems, it is not difficult to appreciate the fact that any irritation of the pelvic organs may give rise to nervous phenomena in any part of the nervous tracts or their sympathies.

The appreciation of this possibility has been the foundation of a new gynæcological era. To the eager gynæcologist the "may" becomes "does," and enthusiastic in this new and enlarged field of his labors he has multiplied hysterectomies, ovariectomies, etc., until any form of nervous condition, from insanity to simple headache, has come to be regarded as sufficient reason for operation.

Under the spell of this fascinating philosophy, it is but natural that the trend of thought should be all in one direction; so that while we have unlimited discussion of the utero-ovarian origin of nervous disease, we have thus far heard little or nothing of the other no less important and hitherto neglected side of the picture, namely, the neurotic origin of diseases of the female pelvic organs.

The same intimate connection with the great nerve centres

which permits of neuroses reflex from the generative organs is also responsible for the influence of deranged nerve function in the production of morbid conditions of these organs. This influence may be exerted either directly by transmission of nerve irritation or indirectly by disturbed vaso-motor function, thus interfering with nutrition. It is to this latter that I wish especially to call attention, for I believe vaso-motor disturbance to be a factor in the production of pelvic diseases, the importance of which it is difficult to overestimate.

By a delicate adjustment of nervous impulses transmitted through the vaso-motor nerve fibres, the contractile elements of the blood-vessels are capable by contraction or relaxation, of causing constriction or dilatation of the calibre of the vessel. Arteries in such a state of constriction as under ordinary circumstances is normal to arteries whose vaso-motor fibres have not been divided and which are otherwise in a normal condition, are said to possess tone.

Arterial tone, both general and local, is a powerful instrument for determining the flow of blood to the various organs and tissues of the body, and thus becomes a means of indirectly influencing their activity. We should accordingly expect to find that vaso-motor nerves were connected with, and arterial tone regulated by, the central nervous system; and experiment proves this to be the case.

Far more important, however, than the maintenance of a normal tone, is the power which the central nervous system possesses of varying the tone of this or that artery or branch of arteries; and the exercise of this power may be called forth in either direction, in the way of constriction or in the way of dilatation, by means of nervous impulses either originating in the central nervous system itself or started by afferent impulses passing up to the central nervous system from any part of the tract.

With these physiological facts in mind, we have only to remember the extreme vascularity of the female reproductive organs, to be impressed with the especial liability of these organs to influence by vaso-motor disturbance.

That the women of to day, in all classes, are constantly exposed to such disturbances of nerve function, is a lamentable fact, realized by no one so well as by the physician. The society girl endeavoring to accomplish the higher education and at the same time achieve social successes; night after night in the ball-room or theatre, subjected to the most profound emotional excitement; day after day under the nervous tension of the class-room, totally unfitted for the labor which her weary brain performs under protest; the matron of the same class, straining by every known means to out-do her social rival; the women of the middle walks of life, endeavoring to imitate the social dissipations of the "four hundred," subjected to the additional nervous strain entailed by lack of means; and, lastly, "the other half,"

(and oh! the pity of it), weighed down with hopeless poverty, surrounded by all that is unsanitary, toiling day and night to keep the wolf from the door, insufficiently clothed and fed, and too often exposed to repeated nervous shocks through the brutality of a drunken husband. All of these are familiar pictures, which I think you will recognize as true to life.

Imagine this nervous tension, to speak of it mildly, continued month after month, year after year, and wonder that the poor abused victims of the *fin de siècle* swirl retain even a semblance of normal nerve function.

It is in this state of affairs that the gynæcologist will find the origin of a considerable proportion of the difficulties he is called upon to treat, for, with the rest of the jaded nervous system, the vaso-motor function has received its full share of injury. Together with other vascular tracts, the utero-ovarian blood-supply is perverted; there is increased arterial tone causing regional anæmia, amenorrhœa, etc., or loss of tone, encouraging a copious flow of blood to these organs, thus giving opportunity for an increase in the total interchange between the blood and the tissue; hence we have endometritis, metritis, hyperplasia, with increased weight of the organ and consequent displacement, with all its horrid brood of symptoms so familiar to the modern physician.

In the same manner may be brought about ovarian engorgement, stasis, and even inflammation, with resultant adhesions and the group of symptoms attendant thereupon; while a most reasonable explanation of the new growths may be found in abnormal nutrition due to this instability of vaso-motor function.

In these cases, when brought about by the disturbance of nerve force referred to, removal of the local manifestation of disease by the knife or otherwise is by no means synonymous with the cure of the patient. Every gynæcologist who has taken the pains to follow the post-operative history of his cases must realize, if he does not admit the fact, that the majority of operations undertaken solely for the relief of neuroses fail in their purpose; and let me add what they perhaps do not realize, the impression received that the unsuccessful operation is the last resource results too often in that fatal hopelessness which condemns these patients to life-long invalidism.

Do not understand me as arguing against legitimate operative interference when tangible diseased conditions threaten life by pressure, disorganization, systemic infection, etc. My object is to remind you that in the treatment of gynæcological cases there is something to be considered besides the coarse local lesion which is but the late effect of a long operative cause; and my plea is distinctly against the illegitimate mutilations which have been so indiscriminately performed with the erroneous idea of removing reflex irritation. I maintain that in no small proportion of cases the reflex irritation comes from nervous insta-

bility, and that these patients can never be restored to health until the primary cause is removed and a normal tone of the nervous system has been recovered.

These cases require first of all proper hygienic and dietetic regulations. The patients must be advised how to live, and be induced to follow the advice by being shown the dangers of their present pernicious methods. Where possible they should be removed from the surroundings and associations which have contributed to bring about their nerve failure. Hydrotherapy, massage, electricity, will assist the indicated medicinal treatment, and to complete the cure a voyage, perhaps, to the Western Islands which constitute our south of France. A few months' sojourn in the delightful climate of Fayal, which is our Madeira, free from domestic cares and the harassing requirements of omnipotent fashion, with a diet consisting largely of grapes, will do more for them than operation, postural treatment or pessaries.

This hasty consideration of the neurotic origin of diseases of the female pelvic organs will serve to introduce a subject which merits your most careful and thorough discussion, and if the paper be instrumental in bringing this about it will have accomplished its chief object.

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#### *FORCEPS ON THE SIDE.*

BY GEORGE N. EARL, M. D., BOSTON, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

The main problems in operative obstetrics are so well settled, as far as theory goes at least, that very little that is new can be said about them. The vindication for forceps, and for version, are not often subjects for discussion. The treatment of placenta previa, post partum hemorrhage and in general the complications of labor, is in accordance with well grounded principles. Recently, symphysiotomy seems to have wrought changes in the plan of treatment of the cases for which the operation is adapted, but in the main, no radical change in treatment, and nothing especially new in the way of pathology, has been brought forward during the past few years.

In choosing a subject for your consideration, I have taken the common everyday one of "forceps," with the addition of the phrase, "on the side." This is a matter which at first may seem hardly worthy of separate thought; but to me it is one of those things which makes all the difference between doing well enough, and doing the very best possible for all concerned. I might have made the subject, "Forceps, the left side vs. the back," for it is my purpose to prove that in every way the left-side position is superior to the position on the back.

The charges against the dorsal position are that it is not as easy to learn, is not as easily carried out, requires a larger number of assistants, exposes more of the patient's body, places the operator at great mechanical disadvantage in the matter of using his muscles, and that the woman has to be moved about more.

The claims for the left side are that it is easily learned, and easily carried into effect, the rule being general, not arbitrary, and is easily remembered; the woman need be moved very little from the position in which she is lying. It requires only one or two assistants, and can be done alone; it need not expose any of the patient's body, thus saving shock; and the operator uses his muscles to the greatest possible advantage.

During the last few months the writer has asked the following question of many general practitioners: "In what position do you deliver a woman with forceps?" Nine out of ten reply, "On the back," and the tenth is quite apt to say, "Why, on the back of course." It is fair to assume, then, that the position on the back is the usual one.

Lusk dismisses the subject with the single remark that "in this country, as in France and Germany, it is customary to place the woman on the back; in England on the left side. The difference is not material." He describes only the application on the back.

Playfair describes only the application on the side, and claims distinct advantages for this position, but without discussing them in detail. Dr. Harris, however, the American editor of "Playfair's Midwifery," says that "in almost all cases in America the patient is placed on the back." He also says that the anatomical relations are more easily carried in the mind, if the patient is on the back, because we study anatomy with the subject on the back, and that we complicate matters by putting the woman on her side. If we were considering an operation for the deep ligation of an important vessel, there would be some force to the above; but even then the surgeon who would hesitate, simply because for some reason the patient could not be placed on the back would not be likely to inspire confidence. These and the claim that the application of the forceps on the side is more complicated are the only objections I have ever heard.

The application with the patient on the back is familiar to you all. The left blade is held in the left hand, over the right groin of the mother, and with the right hand introduced to the left side of the pelvis, the blade is introduced. The right blade is introduced by changing hands, and reversing the manipulation, i. e., holding the right blade in the right hand, and introducing the left hand to the right side of the pelvis. While this

is simple enough, it is easy especially for a beginner, to become confused at the bedside. Another disadvantage is the necessity for changing hands. After locking the forceps traction is made at first downward. Now if the top of the bed happens to be only about a foot and a half or even two feet above the floor, it makes an awkward direction in which to pull. But if it happens to be a good high bed, and traction toward the floor can be made, the direction of traction presently changes so much that the operator must pull in the direction of the ceiling. To do this efficiently and gracefully would require a gymnast, if not an acrobat. The perineum is not easily accessible for any necessary attention, the edge of the bed interfering seriously with any manipulation. As to the number of assistants, it is awkward to try to get along with less than two, one for each leg, besides another for the anæsthetic. The woman is uncovered, almost necessarily, as in raising the handles over the abdomen, the clothes are pushed away, even if she has previously been partially covered. We are careful in other operations to keep the patient covered; why not in this, in which she is almost sure to be in a profuse perspiration, and likely to be more or less exhausted?

On the left side we have no occasion to uncover the woman at any time. One assistant to administer the anæsthetic is enough. No thought need be given to the blade as to right or left, or to the right or left side of the pelvis. The left hand is always the one introduced, and always in the same way, and it remains in the same position until both blades are introduced ready for locking. Each blade, in turn, is held in the right hand, always in the same way and position. The only precaution necessary, is that the direction of the point of the blade be noted, as it is held ready for introduction, to see whether it is upward or downward. If upward, the handle goes down, to continue the excursion of the point of the blade in the direction in which it points, and if downward, in the opposite direction.

After locking, the direction of traction is always in the same horizontal plane, the operator stepping ahead and back again as occasion requires. He can pull or push as he pleases. He can pull with one hand and counteract the force with the other hand against the thigh, or he can push resting his elbow against his body, his feet properly braced, and in this way use his entire muscular power, without the slightest danger of any slipping of himself or the instrument. He has perfect control over the head, both to advance and retard it, and is in no danger of what in rowing parlance is called "catching a crab." The perineum is constantly within view, and as the head is about to emerge, by passing the left arm over the thigh and grasping

the handles with the left hand, the right is left free, to manipulate the perineum and head.

Not the least of the advantages of the left side is the fact that should it be desirable to apply forceps without administering an anæsthetic, it can be done without materially changing the position of the woman or making preparations which cannot fail to inspire her with fear.

My criticisms of the dorsal position are based on theory, as I have only applied the forceps in that position in a single case, my first forceps case. My fondness for the left side arises not only from the fact that it has always served me well (even in high forceps with axis traction), but also because in many instances others have adopted it exclusively after a demonstration.

#### *THE EXTERNAL USE OF COLD WATER IN PNEUMONIA.*

BY HERBERT C. CLAPP, M. D., BOSTON.

*[Read before the Massachusetts Homœopathic Medical Society.]*

The three principal ways in which cold water has been used in the treatment of pneumonia are the tub-bath, sponging and cold compresses. At the outset I may say that the latter is the only one of these methods that I can recommend, sponging being comparatively ineffectual and the tub-bath too heroic. And yet the tub-bath, or, as it is commonly called, the "bath," has had for many years very strong advocates, who with it claim marked success. Although not its originator, yet Prof. Juergenson of Tübingen has probably been its principal champion and most enthusiastic supporter. He even dared to try this treatment on his own daughter when nineteen months old, long before it had secured the sanction which it subsequently obtained, thus showing the courage of his convictions. His method is practically as follows:—

Strong persons, who are only moderately ill, and who have no complications, are put into the bath as often as their temperature reaches  $104^{\circ}$ , and should be kept there from seven to twenty-five minutes, according to the effect obtained, and according to the size of the patient, the amount of his fat, the intensity of his fever and the temperature of the bath, which latter he makes about as cool as well water, perhaps  $60^{\circ}$ . This, if necessary, is gradually cooled down to about  $41^{\circ}$ . The temperature of his own child was above  $105.8^{\circ}$ , and returned so quickly after being reduced by baths of  $60^{\circ}$ , that he afterwards lowered their temperature to  $41^{\circ}$  and kept the child in for ten minutes at a time, the baths extending over several days.

With feeble, aged or very fat persons, when the temperature often runs from  $101^{\circ}$  to  $103^{\circ}$ , he uses baths of about  $77^{\circ}$  for

twenty to thirty minutes at a time, in the early morning particularly. With young children he sometimes uses the wet sheet.

He never gives a pneumonic patient a bath without administering alcoholic stimulants before and afterwards, the colder the bath or the longer its duration, the more stimulant being required. He insists most positively, that if we wish to treat pneumonia by cold baths without unfortunate accidents, we must use stimulants. He gives alcohol after the bath as well as before, to avoid collapse in persons with feeble hearts, because the temperature of the patient continues to fall for a quarter or half an hour after he has been removed from the bath. In sthenic cases the patient should be taken out when his rectal temperature reaches  $100^{\circ}$ , in asthenic,  $101^{\circ}$ . The rectal temperature should be taken every five minutes when in the bath, to guard against too great a fall.

Juergensen strongly combats the idea, often shared by physicians and the laity alike, that patients can catch cold from the baths: and asserts that if the abstraction of heat were necessary and he could obtain no water, he would not hesitate to expose his patient to cold air to obtain this result. He claims to have reduced the mortality of pneumonia by means of these baths, conjoined with alcoholic stimulants and quinine, from twenty-five per cent to fifteen per cent.

These views of Juergensen are here presented, not because they are new, but because, notwithstanding the free discussion of the question since in many quarters, they even now best elucidate the subject. They have gained prominent advocates in different countries, but still the great mass of the medical profession is against them, because the treatment seems too heroic, and dangerous symptoms often supervene, and it requires, besides especially skilled attendants, portable tubs, which are not easy to obtain, or to use, particularly in private practice. Another impediment of no inconsiderable size, is the natural hesitation and repugnance on the part of the patients and their friends to this method of treatment.

As an instance of the divergence of opinion on the subject, as expressed in the latest books, I may quote Dr. William Pepper of Philadelphia, in his article on "Croupous Pneumonia" in Starr's "American Text Book of the Diseases of Children": "Sponging with cool water and the cold pack or bath are the safest and surest means of controlling temperature, and when carefully used give rise to no unpleasant consequences"; whereas the same Dr. William Pepper secures for his own "American Text Book of the Theory and Practice of Medicine," an article on "Croupous Pneumonia" written by Dr. Francis Delafield of New York, claiming that "cold effusions and cold baths . . . are of doubtful efficacy." These authors, like many others, make no attempt at separating the different methods of using cold applications.

In the three cases in which I have tried the tub-bath, the re-

sults were not such as to induce me to try it again, and indeed in one of them the subsequent symptoms became alarming, in spite of stimulants.

Nevertheless, I believe in the abstraction of heat in suitable and selected cases, by the external application of cold water, by another method which can be employed with comparative ease and safety in any house, by almost any nurse, and generally without inspiring dread in the mind of the patient. I refer to *cold compresses*, which, although they are not new, yet, so far as I have observed, are not used at all by most physicians, some of whom still prefer those ancient abominations—flaxseed poultices. This last class, however, I am glad to say, is rapidly growing smaller. A physician who has taken the pains to apply the first compress himself in a suitable case, and has seen the evidences of relief shining out from the face of the patient almost immediately, and has heard his expressions of gratitude, will not soon forget it, and will not be sorry that he has resorted to this method. For two or three seconds, as is always the case when cold touches the body anywhere, a sense of chilliness is experienced, which is only momentary and is very soon followed by a feeling of comfort. The sharp and harassing pain in the side is relieved, the oppressed breathing becomes easier, the restlessness and nervous agitation are lessened, sweet sleep, long delayed, sometimes follows, and the temperature is diminished, as shown by the thermometer. Some think also that the duration of the disease is shortened, in which opinion I am almost half inclined to coincide myself. At any rate, even if it is not, the other advantages are sufficient to plead eloquently in its behalf.

I first learned this method practically twenty-five years ago, from the late Dr. Samuel Gregg of this city, who was the first president of this Society, and the pioneer of homœopathy in New England, who had had a large experience with cold compresses and was very enthusiastic about them, as our older members, who were his colleagues, will readily testify.

Especially is this method applicable to children, not only in croupous, but also in catarrhal pneumonia. In the latter, expansion of the lung is certainly facilitated by the deeper respirations which are compelled.

How are cold compresses best applied? The idea is to get them on with the least inconvenience to the patient: for any one who is sick with pneumonia wants to be disturbed as little as possible, and wants to make no more voluntary movement than is absolutely necessary.

First a towel, long enough to encircle the body, is folded in two or three thicknesses, so as to be wide enough to cover the chest, and is then dipped into water of a temperature of 60° or less, and wrung out enough to prevent dripping. It is then laid out at full length on a dry towel (or a piece of flannel) of the

same width, but longer, so as to allow of lapping and pinning when in place. One-half of these two towels taken together being rolled up, and the patient's nightdress being pulled out of the way, he is gently turned over on one side and the roll placed on the mattress close to him. He is then turned back on his other side, when the roll is grasped and very expeditiously unrolled, and the wet towel instantly, and with little or no effort required of him, encircles his body under his arms, surmounted by the dry towel to protect the bed clothes from the wet.

Some recommend ice water, but I have always stopped far short of that, perhaps seldom going below  $50^{\circ}$ , and in some cases, on the other hand, raising the figure to  $70^{\circ}$  or more. The compresses should be changed every ten, twenty, thirty or sixty minutes, according to the temperature of the patient, the relief afforded and the effect desired. They will sometimes come off smoking. To save time and exposure, it is well to have two sets to be used in alternation.

Are there any cases of pneumonia to which this treatment is not applicable? Most assuredly so. I should be very unwilling to apply cold compresses to old people, to alcoholics, to those who are delicate, or to any one who has a decided cardiac weakness: for there is at first undoubtedly increased work thrown on the heart from the contraction of the peripheral blood vessels caused by the cold application. It is for this reason that some recommend (especially those who use low degrees of cold), even when covering the chest of a person with a fairly good heart with a cold compress, to omit the præcordial region. In most cases, however, I have found this caution unnecessary.

There are also many cases of pneumonia where the temperature remains mostly under  $103^{\circ}$ , and where the breathing is not particularly oppressed, and pain is not severe, where the compresses are not called for, and where it is better to let the patient alone. One of their most important effects is antipyretic, and the principal indication for their use is a high temperature, which, when long continued, cannot help injuring the system, and especially weakening the heart. Every one knows that the chief source of danger in pneumonia is a weak heart, and if by keeping the temperature down within proper limits, we can in advance prevent its injurious influence on the heart, we shall have done our patient a good service. This is true, even if we admit that the heart is also weakened in pneumonia by the influence through the nervous system of the specific poison of the disease.

Dr. D. B. Lees published in the *Lancet* of Nov. 2, 1889, a series of eighteen cases of croupous and broncho-pneumonia in which, instead of the cold compress, he used with great success the ice bag, first stripping the chest. He advises, as a cautionary measure, the frequent taking of the temperature during its application, and recommends the removal of the ice bag if the

temperature falls below  $100^{\circ}$ ; reapplying it if  $102^{\circ}$  is again reached. He cautions against applying it over the præcordial region, to avoid its depressing effect on the heart. This method I have never tried, but I think I should prefer the compress.

In fine, it seems to me that cold water, like other remedies, has its legitimate uses and abuses in the treatment of pneumonia; and that our aim should be more exactly to define these in the individualization of each case. We should neither, on the one hand, be too enthusiastic about it, as the hydropaths are (including Simon Baruch, the "hydrotherapeutist"), nor on the other hand should we be too much afraid of it, and thereby lose the benefit of a very important remedial measure.

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*A PEDICULATED UTERINE MYXOMA REMOVED—FIVE MONTHS LATER ACUTE INTESTINAL OBSTRUCTION RELIEVED BY LATERAL ANASTOMOSIS.*

BY HORACE PACKARD, M.D., BOSTON, MASS.

Miss M., a school teacher, aged thirty-two, of ruddy complexion and previous good health, had noticed for several weeks a gradually increasing enlargement of the abdomen, which finally became so noticeable that she sought medical advice. On examination of the abdomen I found a very unusual and contradictory state of matters. With the patient in the prone posture, the abdomen, though full and large, was flat and inclined to bulge laterally. The prominence and roundness characteristic of an ovarian tumor were entirely absent. The contour was about what we expect to find in ascites, and yet there was no fluctuation. There was absolute dullness over the whole lower portion. I could make out little or nothing from vaginal examination, except that the uterus seemed nearly in its normal position, and also normal in size. I could gain no light from bi-manual examination, because the lower portion of the abdomen was so filled, that the fingers could not be pressed down over the brim of the pelvis to reach the fundus uteri.

To make a still more exhaustive examination, the patient was etherized, and the most thorough palpation and bi-manual examination effected. This threw no further light upon the case, except to more clearly demonstrate the presence of a soft, yielding, non-fluctuating mass, filling the abdominal cavity. An aspirator needle was passed through the abdominal wall into the tumor, with negative results. The obscurity of the case was plainly laid before the patient and her physician, and an exploratory incision advised. This was accepted and on Dec. 15, 1892, after the usual careful preparations for laparotomy, the abdomen was opened in the median line, at once exposing a soft, gelatinoid mass, filling nearly the whole abdominal cavity, necessitating the

extension of the abdominal incision nearly to the xiphoid cartilage, before it could be turned out. It was found to be without adhesions and had taken its origin from the fundus of the uterus. Its attachment to the uterus was scarcely two inches in diameter. It was ligated in segments with large, strong catgut, and cut away. The abdominal wound was closed without drainage, and the patient made an absolutely uneventful recovery.

All went well with her for several weeks, but before she had fully recovered her former strength, though she had been dis-



charged from my care and was out and about, she began to have attacks of nausea and vomiting, which would come periodically. Gradually this condition became constant, with progressing emaciation.

Early in May, 1893, and after I had had her under my observation for several weeks, her condition became so threatening that it was evident that prompt measures must be taken to preserve her life. No distention of the bowels of note had occurred at any time, though the usual discharges had become less and less, while nausea and vomiting, sooner or later, surely followed the ingestion of the simplest kind of food, though at no time had the vomitus become fecal.

On May 15, the abdomen was again opened a little to one side of the original incision. The fundus of the uterus from which the tumor developed was found nicely smoothed over, with no evidence of recurrence. The loops of small intestine were rapidly inspected and I promptly came upon a point of stricture.

There seemed to be some sort of a new growth which had developed in the wall of the intestine at that point, though but a small area was yet invaded. It was at once evident that the continuity of the intestinal canal must in some way be reestablished. Two methods at once presented themselves to my mind.

*First*, excision of a section including the affected portion, followed by either circular or lateral enterorrhaphy, or

*Second*, leaving the affected portion untouched and effecting a lateral anastomosis between closely adjacent loops of intestine.

I chose the latter, because,

*First*, if the new growth were malignant in character, it was *probably* a sequel to the original tumor. If this conclusion were correct, similar development would be likely to occur elsewhere. The cutting out of this affected segment of the intestine would necessitate a greatly prolonged operation, and greatly enhance the immediate danger to the patient's life.

*Second*, assuming the new growth to be benign, there was no occasion for its removal. Lateral anastomosis between closely adjacent loops of intestine, one above, the other below, the affected point could be effected with little delay and with excellent prospect of giving the patient immediate relief.

What method of lateral approximation should be adopted?

Senn's bone plates I had used successfully in one case, but failed in others.

Dr. Robinson's rawhide and segmented rubber plates do not differ materially in their mode of application or effect, from bone plates, though the material from which they are made is more easily obtained and shaped for use.

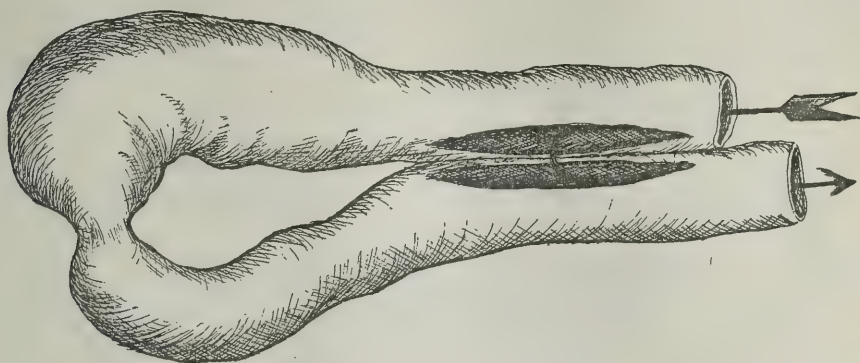
Abbe's catgut rings do not differ in their principle of application from Senn's bone plates.

Murphy's button approximates so small an area and leaves such a small aperture of communication that the plan has not appealed to my reason, unless it be for chole-cyst-enterostomy.

My earlier experiments on dogs with bone plates, etc., led me to perceive the desirability of establishing a much more capacious aperture of communication, and I had decided previously that I should, when opportunity offered, try to establish lateral approximation by means of sutures alone. In this method longitudinal incisions through the wall of the gut at the point selected for approximation can be made any length, since we are not to depend on bone or any other plates, for holding the loops of the gut together while adhesion takes place.

Incisions were made four inches long and the lips of these longitudinal apertures were rapidly fastened together each to its

corresponding part by continuous through and through suturing.



A second line of sutures according to the method described several years ago in the *Medical Era* (the continuous Lembert Suture) were run around about one-half inch from the first. Fine black silk was used for suture material and a large sized cambric needle. The intestines were then replaced in the abdominal cavity and the external wound closed.

There is absolutely no subsequent history of the case to record, except uninterrupted convalescence, unaccompanied by complications of any character. At the present writing, two years and two months from the time of operation, the patient is in robust health and is actively engaged in her profession of teaching.

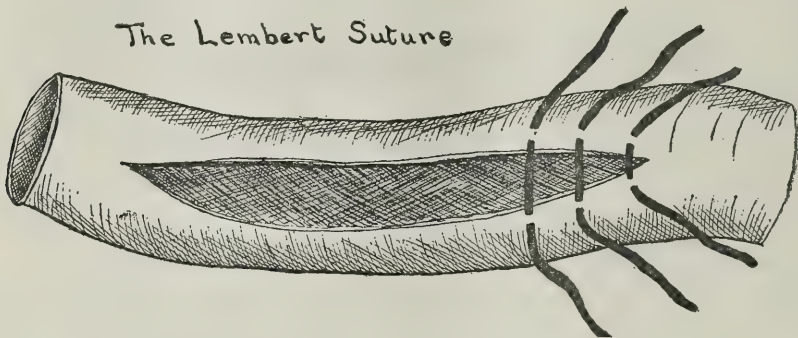
A word as to the character of the tumor originally removed. It was a flat lobulated tumor, reminding one, as it was withdrawn from the abdominal cavity, of a large liver. Microscopical examination showed it to contain distinctly myxomatous tissue. The weight of the tumor was  $7\frac{1}{4}$  pounds.

Speculation as to what the final outcome of the case will be is extremely interesting. Assuming that the tumor was sarcoma (it is the inclination of pathologists at the present time to class myxomas with the sarcomata), it would be reasonable to suppose that the pathological condition going on in the intestinal wall at the seat of stricture was also sarcoma. On the other hand the subsequent career of the patient—her prompt convalescence, healthy resumption of all the functions of the body, increase in flesh, absence of all evidences of cachexia—would lead us to hope that both growths were benign in character, and that their nearly simultaneous appearance was a coincidence.

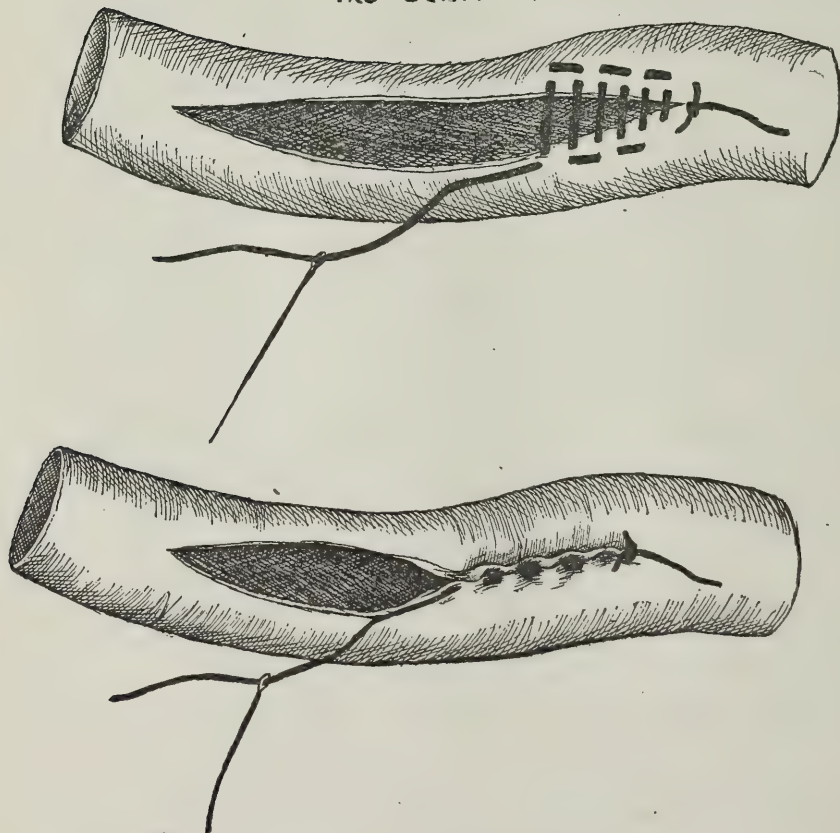
I recall an ovariectomy which I made in May, 1889, regarding which I find recorded in my notes, the following: "A very suspicious growth in an adjacent loop of intestine was found, simulating cancer." There had been no evidence in this case of intestinal obstruction; it seemed desirable not to complicate the case by any further surgical interference beyond the removal of the ovarian tumor. I fully believed, however, that within a few months the trouble would manifest itself, and that the patient would finally lose her life.

Note the subsequent history. More than six years have now elapsed, and in that time the patient has given birth to a healthy child. As far as any objective symptoms would now indicate, she is in a perfectly healthy condition.

The Lembert Suture



The Continuous Lembert Suture.



I have since made lateral anastomosis in a case of a man advanced in years, for the relief of acute intestinal obstruction. In this case the general conditions were not favorable for operation of any kind. The heart was intermittent, the patient advanced in years, with marked abdominal distention. Death occurred a few hours after the operation, apparently from shock.

Another case which has fallen under my observation during the past winter, was chronic intestinal obstruction from ilio-cæcal intussusception. The patient was seventy years of age, much reduced in vitality, and not a promising subject for operation. Lateral anastomosis with Murphy's button was effected. Death occurred on the second day, apparently purely from lack of vitality to rally. Examination of the site of the anastomosis showed that no leakage had occurred, but that the channel in the button was plugged by a bolus of fæcal matter. I cannot declare that the result would have been different had anastomosis by suturing been performed, yet the plugging of the Murphy button which was disclosed leads me to doubt in a measure its value as a means of efficiently establishing anastomosis.

Still another case of obstruction from ilio-cæcal intussusception occurred in March last (curiously two of the same rare character within three months of each other), in a woman of fifty-six years. I reëstablished the continuity of the intestinal canal by anastomosis with sutures. An uninterrupted convalescence followed and the patient now, four months from the date of the operation, is in good health.

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#### PURIFICATION OF WATER.

BY JAMES KRAUSS, M. D., MALDEN, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

In olden times, every spring of water, every brook or streamlet, was inhabited by a nymph, a goddess, or other equally delightful supernatural personage. To-day, the waters are peopled without our aid; they contain so many harmless and harmful inhabitants that we may say without fear of contradiction that there is no water in the storehouses of Nature that can be called absolutely pure. Even rain water absorbs during its fall from the clouds the gases of the atmosphere, and in thunderstorms is contaminated by the addition of nitrate of ammonia, no doubt the primary source of all organic nitrogen; and rain water was considered for a long time to be absolutely pure. Lake and pond water is often contaminated by peaty matter, and contains in addition plants and animals. Well water, especially when shallow, drains all surface impurities and the decaying matter from graveyards and elsewhere; and when the wells are of the variety called deep they are very often so charged with inorganic salts that the water is suitable only for medicinal purposes. Moreover, the rivers and other water courses are used necessarily or unnecessarily, with intent or by accident, as the receptacles of the worst kind of sewage from houses, graveyards, and industrial establishments. Plants, like the diatomaceæ, cyanophyceæ, algæ, and fungi, grow in the water or find their way there; animals, such as rhyzopoda, infusoria, vermes, and crustacea, consider our water sources their abodes; and, last and worst, the

water teems with those little creatures, partly vegetable and partly animal, that find in the organic matter the very food necessary for their propagation, and that produce some of the most dangerous diseases in man, — I mean the bacteria and other micro-organisms.

Fortunately these impurities produce different effects upon the human organism, and by studying these we may best arrive at a conclusion how to purify water. For instance, mineral salts that are insoluble in water, like the carbonate of lime, are not so harmful as those that are soluble; indeed, in many cases they are harmless. Soluble magnesia and lime, on the other hand, are decidedly objectionable if present in large quantities, for such waters are usually very hard and cause by their hardness, if not for other reasons, dyspepsia, goitre, cretinism, diseases of the kidneys, and other affections. To be sure we have in boiling a remedy to soften hard water by setting free the excess of carbonic acid and precipitating the carbonate of lime, which is insoluble in water. But this is quite expensive, for the kettles that are spoiled in boiling make a considerable item, especially for poor people. Distillation will convert an otherwise uncontaminated natural water easily into pure water. But distilled water is too soft for the human economy. According to statistics, a certain hardness is necessary for the water to be wholesome. People live longer when they use a water that has a certain amount of hardness than when they use a water that is too soft. Moreover, soft water has a great affinity for lead, forming in our pipes oxide of lead, a most injurious poison; and soft water absorbs organic impurities much more readily than does water highly charged with inorganic salts. Chloride of sodium forms an essential ingredient of all animal juices and its presence in water is decidedly objectionable as it almost always points to contamination by the drainage of house refuse.

The most dangerous impurities, however, are those different substances derived from decomposing vegetable and animal matters that are known by the collective term, organic matter. The organic matter of a purely vegetable origin is not very objectionable from the standpoint of health: one grain, or two or three grains per gallon of water would be entirely harmless. But it is otherwise with the products of the decomposition of animal matter. These are very dangerous even in minute quantities, especially because they impart to the water such a deceptively delicious though foreign flavor. To be sure, the nitrogenous organic matter is speedily disintegrated by the action of certain kinds of bacteria and ammonia and other products of simple constitution are formed, and no sooner is ammonia formed than it is converted by the action of other bacteria and of atmospheric oxygen into salts of nitrous and then of nitric acid. The nitrates, nitrites, and ammonia salts may in themselves be harmless, but their presence proves the contamination of the water

with the products of the decomposition of animal sewage and always constitutes a warning of impending danger. Dittmar of Glasgow says, "A water which contains combined nitrogen in the form of nitrates only, is as a rule safe organically; if nitrites are present it becomes liable to suspicion; the presence of ammonia is a worse symptom; and if actual nitrogenous matter is found in more than microscopic traces the water is possibly a dangerous water to drink."

The proportion of these impurities allowable in drinking water may be best shown by comparing a soft pond water and a hard well water, and then noting the same ingredients in sewage. I use the tables of examination as printed in the twenty-fifth Annual Report of the State Board of Health of Massachusetts, and give the average results of the chemical examination for the year 1893. The parts are given per 100,000.

	Spot Pond (p. 205).	Eaton's Wells (p. 207).	Lawrence Sew- age (p. 403).
1. Residue on Evaporation . . .	5.7000	23.7200	—
2. Ammonia, free . . . . .	.0085	.0001	2.68
Albuminoid . . . . .	.0197	.0011	.63
3. Chlorine . . . . .	.4900	2.4800	8.57
4. Nitrogen, as Nitrates . . . .	.0105	.4823	—
Nitrites . . . . .	.0003	.0000	—
5. Oxygen consumed . . . . .	3.4860	.0186	3.45
6. Hardness . . . . .	2.4000	11.1000	—

Bacteria per cubic centimeter (microscop.), 923,000.

Such a comparison shows how much of these different substances is tolerated in fairly good drinking water; for it is needless to say that neither the soft pond nor the hard well water is entirely free from contamination. There is no pure natural water anywhere. The purity as regards water is always relative, never absolute.

The Sanitary Congress held at Brussels two decades ago declared "that water containing more than thirty-five grains of impurity in one gallon (35 : 61440) is not wholesome, and that there should not be much more than one grain of organic matter." The most important point, therefore, in the purification of water is so to dispose of sewage—for all organic matter is sewage and sewage is organic matter—that it is either prevented from reaching the water courses as crude sewage or that it is so thoroughly diluted that it will do no harm when taken into the human body; and as we can never be sure that the sewage has been diluted beyond its power to do harm, that is, according to Dr. Letheby of London, that it has been mixed at least with twenty times its volume of running water and has flowed a distance of ten or twelve miles, it becomes a matter of prime importance to prevent the discharge of crude sewage into our rivers and streams, and to see to it that

the effluent that must necessarily reach our waters is freed from the most obnoxious organic constituents.

We all know that sewage, especially of excremental nature, is often charged with specific germs of disease, and nothing can be more clear than that it should be properly removed or destroyed; and when cremation replaces the present method of disposing of the dead another source of danger will have been removed from the water of our wells.

In Worcester they treat sewage chemically, that is, on the principle that suspended matters are readily removed by subsidence if the particles are heavy, and as a gradual subsidence of solid particles is too slow to be complete before decomposition sets in, reagents are added to produce a quick precipitate and this precipitation sweeps down with it the minute germs. According to the Report of the State Board of Health, p. 343, "there were treated during the year ending Nov. 30, 1893, 1,795,000,000 gallons of sewage and 1,105 tons of lime were used, making the amount of lime 1,232 pounds per million gallons of sewage. The amount of solid matter removed from the water during the year amounted to 2,360 tons." This does not seem to be a very encouraging result, if we remember that in every million gallons of sewage there are said to be from eight to ten tons of solid matter. This same method of disposing of sewage was used at the World's Fair Grounds. The chemicals employed there as precipitants were copperas or crude ferrous sulphate, crude alum or sulphate of alumina, a crude ferric sulphate, and lime. From June 10 to October 27, the average quantity of sewage treated daily was 2330 thousand gallons, containing 465.5 tons of organic matter, while the effluent contained only 235.3 tons, that is, 49% of organic matter was removed by chemical precipitation (See Report, p. 601-624).

In Lawrence the sewage is treated by intermittent filtration through land, an excellent method that was recommended by the Royal Commission of 1882-84 for the removal of London sewage. The greatest objection to this method is that unless great care is taken, any sewage will in time clog any ordinary filter. The sewage is passed into porous soil at intervals long enough to let the soil become aerated, and the micro-organisms that establish themselves there disintegrate and nitrify the organic matter. The result of filtering sewage can be seen by looking at the examination of the effluent of any one filter. I take at random filter No. 9 A (Report, p. 440) for the month of December, 1893. It reads:—

Ammonia, free . . . . .	2.4433
Albuminoid . . . . .	.1240
Chlorine . . . . .	6.0700
Nitrogen, as Nitrates . . . . .	.9300
Nitrites . . . . .	.0190
Oxygen consumed . . . . .	.6000
Bacteria per cubic centimeter . . . . .	15,787

The objection has been raised to this method of treating sewage that it would injure the cultivation of crops, but in the case of Framingham, where this method is also in use, it seems to have had a favorable effect upon the crops as also the crops had a favorable effect on the purification of the sewage. It was found that the crops removed matters that were brought to the beds in the sewage.

An ingenious device for filtering sewage has been invented and constructed at Fitchburg, Mass., by Asher F. Black, of Malden. In the words of the inventor, "It automatically removes the coarse floating material in the sewage to a convenient place, where it can be burned as it is gathered, strains out the finer parts for fertilizers, extracts all the foul gases in the sewage during the operation, and utilizes them as a part of the fuel to operate the device, aerates or oxidizes the sewage, so that the matter in solution coagulates, and is gathered on the surface of a moving filter bed and automatically removed, while the water percolates through the sand and falls in a shower to the ground or pavement of cobblestones beneath (p. 10, "Present Condition of the Science of Sewage Disposal"). During the circuit of the filter car, the water works its way through the filter, falls upon a lower stationary filtering bed, from the bottom of which it is conducted in a clarified state into the river. Professor Carmichael made an analysis (Loc. cit. p. 16) and found the following (the parts are per million) :—

	From Sewer 200 feet above the machine.	From drip of the moving filter car.
Residue at steam heat . . . . .	276.00	180.00
Organic and volatile matter . . . . .	161.00	85.00
Chlorine . . . . .	24.78	19.47
Free ammonia . . . . .	8.00	2.26
Albuminoid ammonia . . . . .	3.25	1.40
Nitrates . . . . .	4.10	4.74
Nitrites . . . . .	0.17	6.67

There is no statement as to bacteria.

Berlin uses still another method in disposing of its sewage. To a considerable extent, it irrigates large tracts of cultivated land to the advantage of the crops. This method of broad irrigation has this drawback, that one acre of land is required for every 120 persons, while in intermittent filtration one acre is sufficient for every 1,000 persons.

Opinions still differ as to the relative merit of these different methods of sewage disposal, but there can be no doubt that whichever method is followed it is a great improvement on the murderous method of carrying sewage without any treatment into our water ways. But, of course, purification of water begins where purification of sewage ends, for there is to the present day no known method that will effectually change crude sewage into an effluent that would be safe for drinking. Neither are all the bacteria removed on filtering sewage, and in Berlin it

has happened that the continuous filters of that city permitted the passage of some of the typhoid fever germs.

Nature herself shows us how to purify water. When the rain reaches the ground it sinks into the earth and percolates through the porous soil, leaving the organic constituents behind but taking instead some of the earthly salts, and ultimately crops out as a spring water, changed in color, taste, and ingredients. This is nature's way of filtration, and we cannot do better than follow it.

All sorts of filters have been made for domestic purposes, and most of them will give a sufficient protection against an accidental impurity in the public supply. It is interesting to read in the *Encyclopedia Britannica* that such filters have been made of felt, horsehair, skins, paper, silicated carbon, sponge, wood, wool, cane, capillary threads, cloth, animal and vegetable carbon, preparations of iron, porous sulphur, clay, powdered glass, gravel, sand, various kinds of stone. In my opinion, McConnell's Germ-proof filter, made of porous stone, is perhaps the best I have ever seen for domestic purposes.

Our greatest interest, however, centres in the filtration of water for the supply of towns and cities; and this again we can study best as it is done in Lawrence, for the reason that at one time that city was a hotbed of typhoid fever, because it took its water supply from the same river into which Lowell and certain adjoining towns emptied their crude sewage charged with billions of germs, among which there was the typhoid fever bacillus. They built artificial filter beds of fine sand; the top of the beds was as low as two feet below low water in the river; the beds could be flooded to a depth of about two feet, and the water gradually filters downward through the sand to the underdrains and is conveyed to the old filter gallery and through this to the pump well. A most instructive description of this filter plant by Mr. Mills is added to the report of the State Board of Health. The point that interests us most is the disappearance of 98.3 to 99.5 per cent of the disease-producing germs and the reduction of mortality from typhoid fever to forty per cent of the former mortality. Mr. Mills says, "The removal of bacteria is not merely a straining process; it is accomplished by making conditions unfavorable to the life of bacteria in the passage through the filter." He means by this that the water comes in contact with the grains of sand and to this sand adhere so-called nitrifying bacteria, which in the presence of air carry on the nitrifying process so thoroughly that in a short time nearly all of the organic matter in the water is burnt up, and with this burning or nitrification the disease germs in the water are killed for the lack of food we have learned they love so well, namely, the organic matter.

This is a very ingenious theory, for which the credit, I believe, must be given to our State Board of Health. Formerly, oxidation by the air explained the process. But it seems that air

alone is not sufficient to produce this much-desired result: the water must come in contact with the grains of sand to which adhere the nitrifying bacteria. This necessitates the cleaning of the filter beds from time to time by the removal of one-fourth to one-half inch of sand and the replacing with clean sand.

Filtration is by all odds the best method of purifying water for large supplies. Simple aeration cannot remove disease-producing germs, though it may remove unpleasant odors and tastes. Sedimentation is much too slow a process for removing suspended animal matter, although it may be useful for the precipitation of suspended mineral salts. But filtration removes living organisms, suspended matter, more or less color, and oxidizes a considerable amount of organic matter. In times of epidemics, however, it will be well to boil the water though it is filtered before being brought into the city and again filtered when taken from the faucet. Boiling kills any bacterium or germ, and is the safest method of purifying water.

In the short time that has been placed at my disposal, I could but touch the different processes that play a part in the purification of water—next to air the most important necessity to man. We have seen that water is often dangerous to use; that by negligence or, perhaps, the unprecedented growth of our cities in a narrow geographical circle, it has been polluted to a murderous extent; and that the best way to purify the water is easily found when we know the action of the impurities that make the water unsafe. Sedimentation and chemical precipitation apply to hard water; filtration to ordinary river or lake water; and boiling to all kinds of water. Our safety lies in bringing about the universal enjoyment of pure air, pure water, on a pure soil,—a hygienic precept formulated already by the Father of Medicine, Hippocrates.

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*SANITATION OF RAILROAD CARS AND OTHER CONVEY-  
ANCES FOR TRAVELLERS.*

BY BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA, PA.

[*Read before the Sanitary Section of the American Institute of Homœopathy June 26, 1895.*]

The American people are the greatest travellers in the world, and for this reason they possess the best system of railway transport to be found in any country. Yet, notwithstanding the grand improvements, not only in the Pullman, Woodruff, Wagner and other superior cars, and sleeping coaches, but in our ordinary railroad coaches, there are still serious defects to be overcome in heating, ventilating and lighting before we can claim proximity to perfection. In order that you may receive the latest data upon the subject, I will summarize the points advanced by later sanitarians as well as those proposed by the

special committee on car sanitation, appointed by the American Public Health Association for 1894. Succeeding which summary I will give expression to some thoughts and suggestions which have occurred to my mind while pursuing the study of the interesting and very important subject of this paper.

The summary of "Ideal Conditions" is as follows:—

1. The admission of thirty cubic feet of fresh air per minute for each passenger, and the egress of an equal quantity of foul air in the same length of time. These conditions to be maintained both in summer and winter.

2. The fresh air so admitted must not be moving at a greater speed than three or four miles in winter.

3. Fresh air admitted must be at a temperature of about 70° F. in winter.

4. Fresh air so admitted in winter must have added to it a proper degree of moisture for the temperature at which it is admitted, according to the average humidity of the atmosphere, when at 70° F. in the climate in which the cars are running.

5. No system of winter ventilation can be successful unless means for fresh air supply are provided independent of, and separate from, the windows and doors, as well as the ventilators for carrying off the foul air.

6. The fresh, warm air should be distributed through as many openings and as low down as it can be conveniently arranged for, and the foul air should be carried off through as many openings in the roof of the car as can be conveniently arranged for in winter.

7. The ventilators should be entirely independent of the speed of the train and act as well whether the car be standing or running.

8. The ventilation should be so arranged that there will be a plenum, or slight excess of pressure inside the car, so that the drafts will be outward instead of inward, and smoke and dust thus be excluded.

9. It is most desirable that double windows should be used, and so arranged that they can be locked fast in winter time, but be readily opened in summer.

10. It is most desirable that an inside swinging door be used so as to form an air-lock or inside vestibule, to prevent the admission of cold air and dust every time the doors to the platform are opened.

11. Conductors should enforce rules against expectorating on the floors of the cars.

12. Employees should collect all refuse every trip, and shame by their prompt collection all those who are careless in throwing matter upon the floor.

13. Everything about the car should be cleaned and aired every trip, either by hot air, or soap and water when practicable.

14. Water-closets should be disinfected and excreta not be allowed to fall upon the road, endangering foot passengers and working-men on the roads. Places should be provided in which to empty them along the route.

15. Ordinary coaches are said to contain one to six times more carbonic acid gas than halls, assembly rooms, etc., therefore more elaborate ventilating apparatus is required.

16. After a great deal of experimenting, ventilation is still not improved very much.

17. Companies being obliged to use steam heat the necessity for such improvements is more absolute. With the use of steam it has become more difficult to keep cool than to keep warm.

18. Sanitarians and mechanics must join earnestly and invent a mode of ventilating which will act as well while the cars are still as when they are in motion.

19. Conductors and brakemen should be taught to use the measures provided for car sanitation, correctly.

20. From the influence of one offensive breath no one can doubt the power of air to carry infection.

21. Inspectors should be appointed to board the trains, and report all neglect in warmth, ventilation and cleanliness.

22. In Europe cars are provided for consumptives, because long-distance travellers with any disease are apt to leave the microbes on cushions, pillows, curtains, etc., which the motion of the cars keeps in activity.

23. Until all improvements have been made, railroad companies should be held responsible for all kind of nuisances committed in cars, the danger from excreta in water-closets being particularly active during epidemic plagues in Europe, which we must bear in mind is but a little over a week's journey from this country.

24. Sanitarians must speak forcibly and plainly upon such subjects, as well as upon the other important topics regarding sanitation in cars, etc.

25. The use of either gas or kerosene in cars is quite objectionable.

26. There is not sufficient attention paid to tanks for drinking water.

27. The public must demand improvements understandingly, and they will soon come.

28. Persons who are convalescing from contagious disease should be secluded from cars full of people for fear of spreading disease.

29. There should be a law against permitting dead bodies

to be shipped in trains having passengers aboard. If they must be carried from one place to another there should be safe means provided.

#### SUGGESTIONS.

I think in this synopsis I have given all the salient points referred to builders of cars and companies who engage in the important business of transporting human beings from one point to another by railroad. Perhaps very much the same ideas should be promulgated with regard to ferry boats, street cars, cabs, hacks and any other vehicle not belonging to private individuals.

Attaining the consummation of the list of ideal conditions, a great improvement would be perceptible in a very short time, always providing that the officials of all railroads are taught the correct manner of manipulating ventilators, heaters and windows, until some inventive genius plans and constructs such appliances as will act automatically as far as can be made possible. We have heard considerable fault-finding with railroad employees, and I have had some experience with them myself, but I have generally found them respectful and willing to accommodate, though in numerous cases their duties are quite complicated. For instance, a certain class of passengers, who, being in good health, forget that all others are not so blessed, forthwith open the windows as soon as they enter the seats of the car. How can a conductor compel them to close the window when requested to do so by some delicate, shivering neighbor? It is impossible. Therefore there should be precautions taken to prevent the opening of the windows, leaving no choice with the passengers, and no complication in the duties of the conductor. To this end, my suggestion would be to have no windows with movable sash; instead to have the window spaces glazed with strong plate glass flawless as possible, that will resist all reasonable concussion, and that cannot be moved at any time. To this end I would have the cars automatically ventilated, and kept at a temperature of about 70° F. both winter and summer. In summer doubtless there would be a necessity for some contrivance to cool the air, as there is in winter to warm it; but the cost would be less than the fuel of winter, and the cool, comfortable ride would be very likely to tempt a greater amount of travel during the hot weather. Perhaps there might be objections to the closed windows in summer for a time, but if a penalty was imposed for cutting the glass with diamonds and other objects, and for soiling it in any manner, the view of the scenery would not be intercepted, and the delightful purity and coolness of the interior atmosphere would amply compensate for apparent im-

prisonment from the summer breezes. The only way of obtaining the desirable atmosphere would be by having numerous small openings in the upper and lower parts of the cars, so arranged that pure air will be entering in a greater volume than the impure air will be passing out. And while making this provision a number of the openings at the top, or better, both top and bottom, should serve for the egress of foul air, while the others are admitting fresh. The same condition should be made at the lower part of the cars, so that the varying temperatures will to a degree automatically arrange for the purifying of the cars by a plenum or superabundance of fresh air.

Luxuriant and grandly furnished with every convenience, our cars are still far from being perfectly safe for convalescents, delicate individuals and sensitively organized children. The hermetically fast sashes would obviate draughts from which children are most liable to suffer in their eagerness to gaze out of the windows, and would preclude the danger of one being suddenly subjected to chill. If short distance travellers cannot content themselves without the present style of movable window-sash, single cars or even compartments might be provided for their pleasure; but I apprehend that in a year or two the car having the principles of an automatically even and pleasant temperature would be selected by almost everyone, though at this time lack of knowledge and experience makes people doubtful of the vast superiority over the present system.

Warmth in winter, coolness in summer, with proper ventilation at all times, are but three of the very important requirements of railroad travel, but cleanliness is possibly still more requisite where thousands of human lives are involved. Not only should all woodwork and glass and metal be thoroughly washed with disinfecting soap and water, but carpets, curtains, cushions and bedding should be easily detachable and washed or be subjected to hot air bath or to fumigation at the end of every trip. With proper appliances and trained hands, the time required would be little more than that now occupied in the present manner of dusting and washing.

Every particle of refuse matter should be collected on every trip in short-distance runs, and two or three times a day in transcontinental or long journeys. To facilitate this, every car should be furnished with one or more receptacles sufficient in size to contain all possible refuse, fruit skins, papers and discarded particles of food, and each car should be abundantly furnished with sanitary paper cups for those desiring to expectorate. These should be used, closed and put in with the other waste in the bucket, box or whatever is provided for the purpose, and all the receptacles ought to be emptied and disinfected at every available opportunity.

The water-closets should be so arranged as to contain a certain amount of disinfecting fluid, automatically fitted, so that when the flush is opened it will rush all over the pan, cleansing thoroughly every part, and it should be so that when not in use a portion of the disinfecting agent may remain in the pan until again disturbed. Still a better plan, if practicable, would be to have some disinfecting dust in the pan with the same automatic arrangement improved or modified, so as to allow a sweep of strong deodorant or disinfecting powder or dust to touch every spot, the powder to lie in the pan afterwards the same as water. Here I may mention that the proposal to cleanse water-closets by steam seems to me very objectionable on account of the odor that must arise under that plan. A close well should be provided, sufficiently large to contain all excreta until arriving at a proper place in which to empty it.

#### PRECAUTIONS FOR INVALIDS.

The need for these apparently ultra-careful measures will become obvious to any one who pauses to consider the thousands of travellers who are thrown together every day. There is a continual line of invalids travelling from home for relief, or returning swiftly for fear death may grasp them before they arrive. In the Pullman and other sleeping coaches, dying consumptives, persons afflicted with noisome catarrh, cancer, malignant growths, scrofula, and oftentimes syphilitic patients infect the bedding, and the whole beautiful paraphernalia, with the innumerable, invisible bacteria which are ready to attack those who enter afterwards. Therefore it is necessary that we should have laws compelling the cleansing and disinfecting of "sleepers" particularly, after having been occupied by ailing persons, even at the risk of discoloring handsome draperies. Difficulties meet us at every turn on account of the demand for luxurious surroundings and beautifully artistic decorations, but health should be the first consideration, and all ornamentation ought to be simplified so as to admit of the use of steam, soap and water, fumigation, or at least extremely active and thorough beating in the pure, fresh air, so as to dispel the danger of contagious infection.

In advocating perfect cleanliness, probably no more important matter can be noted than the condition of the water tanks or coolers which are furnished to every car and at every station. Once every day the tank should be emptied and washed until it is clean. No rinsing with cold water can ever remove the mucilaginous deposit that clings to the sides and bottom of the vessel. There must be either cloth or brush used vigorously with soap, soda or some purifying material until it is entirely

clear of the slime which is commonly the cause of the water having a disagreeable spongy taste, however clear it may appear to the eye. If this deposit is cleaned out every morning it will not accumulate in such quantities as to make the work at all arduous or of long duration, while such care will altogether obviate the danger of any passenger becoming sick from using the water which is so absolutely necessary, upon long trips especially. I have often remarked how carelessly the employees throw the ice into the coolers, turn the water in, and then leave without having glanced into them to see if they are clean. They are not at all to blame, because if a part of their duties required them to empty and wash the tanks it would be done. And if a good inspector followed I am certain it would be well done.

Using a brush to dust a car or the plush cushions and seat-backs is absurdly insufficient, because the particles are simply wafted from one spot to another, leaving the infinitesimal microbes to lie in waiting for the first available individual upon whom to work their direful mission. A person with catarrhal cold may sit down and rest his head or hand upon the cushions; the affected mucous membranes of his chest or nostrils are in prime condition for the reception and the development of the disease germs which follow the movement of his hand in the dust, find their home and nutriment in his unconscious frame, and begin their swift work of reproduction and destruction. One person may resist their inroads for a time and remain well, the next will succumb, and another victim to defective sanitation will be added to the almost innumerable list. No better argument can be used for the proposed improvements in constant cleansing of all parts of the cars inside.

#### LIGHTING.

The lighting of cars has always been more or less of an open question, kerosene, gas and electricity following with increased improvements during the last few years. As a physician with some little experience, I would propose a constant unchangeable light, during the evening. That is, I would have a greater number of lights, so that all parts of the car would be evenly illuminated and well enough to allow of reading with comfort, and so arranged that no one could interfere with any of them until the lateness of the hour called for them to be made quite low, or closed off entirely. By such means the risk of injury to the eyes, except from the car vibration, from rapid motion, would be almost impossible, while the discomfort that many people suffer on account of insufficient light, without being at all conscious of the cause of this fact, would be avoided.

Such conditions as are herein mentioned, I would strongly recommend to be modified so as to suit ferry boats, street cars, hacks or cabs, but I am unwilling to allow that our cars contain a greater percentage of carbonic acid gas than do ordinary halls and public assembly rooms, even in their present semi-sanitary equipment. It stands to reason that the motion of a street car or train would alone, by the currents of air that pass through, obviate its having a very great percentage of this noisome gas, while the air in a hall or room being comparatively still, would contain more carbonic acid gas and animal impurities, unless open doors and windows or some other agitation of the atmosphere, were maintained.

The necessity for every sanitary improvement is very great, and it becomes the bounden duty of sanitarians and mechanics to join earnestly in an effort to remedy present defects and to consult and invent every healthful measure possible for the furtherance of safe travel for a confiding public which intrusts its precious blessing of health to railroad corporations. Each company ought to vie with others in the perfection of all sanitary measures for the comfort of their patrons. While the demand for elegance may be satisfied, there may be means by which to do so without sacrifice. Let inventors take up the study of ventilation with warmth for winter and cool air for summer. Let some one invent an automatic door to close out the cold or the hot air, smoke and dust. Companies will not be remiss in availing themselves of every opportunity to improve the sanitation in all particulars, and better health and greater travel for pleasure will soon take the place of so much invalid journeying for relief from illness.

In Europe there are sometimes cars provided for consumptives. Such a system, we fear, would not prosper in America, for there are very few who would wish to be known as tuberculous or other chronic or incurable cases; therefore it is the more obligatory that those who command the railroads should supply the very best conveyances for health as well as for comfort and pleasure, and that scientists, sanitarians and climatologists shall join in giving their advanced ideas to those who will make them mechanically available for the public good. They must aim at convincing owners and builders of cars, coaches, cabs and all conveyances that health is as important as bodily safety, and that vehicles must be made perfectly safe in sanitary appliances, as they are in strength and durability.

With cars ventilated, heated and lighted properly, and with every facility for cleansing, disinfecting and keeping them in healthful condition, the company's next duty is to have thoroughly drilled officials to carry out, in a consistently careful manner, every facility provided, and to punish any and every

remissness. After this, to the travelling public belongs the proper and appreciative use of the benefits prepared for them. To the attainment of this great object a few maxims may not be disregarded:—

MAXIMS.

1. Let travelling invalids be so far willing to acknowledge their infirmities as to avail themselves of the devices arranged for their comfort and for the safety of the health of their fellow passengers.

2. Let those in robust health regard kindly the feelings of their weaker companions, and resist indulging selfish comfort to the injury of delicate neighbor tourists.

3. Let all travellers show certain respect to the rights of the employees who are pursuing their numerous duties, and be kind enough to avail themselves of the facilities provided for the comfort and cleanliness of the car or vehicle in which they are riding.

4. Let courteous and refined politeness and brotherly love display itself toward every one, and not be reserved alone for social equals, or superiors.

5. Do not grumble at an official who is following the line of his duty, even if it may be with some slight inconvenience to your momentary comfort.

6. Do not expect that everything must be made to suit one's personal desire and idiosyncrasies, when scores or perhaps hundreds might be excused for making the same demands. Always remember that it is impossible to satisfy each and every demand in a place prepared for the general public.

7. Teach children to keep their faces and bodies from contact with the cold window panes, to keep their hands from the glass, and to conduct themselves as respectfully in a railroad train as at home in a drawing-room.

8. Even travellers who are in good health should not expose themselves by leaving a warm train without any extra wrap. And no one should ever travel without a rug or shawl or wrap in case of sudden chill, even in the most sanitarily complete vehicle or in warm weather, as sudden temperature changes are at all times likely to occur.

9. If it is against the rules of any house, car or vehicle, do not pay surreptitious fees to waiters and porters who are following their prescribed lines of duty. It is a pernicious habit, making great discomfort for those who do not follow your example. Companies should pay proper wages and allow no interference by over-generous visitors or guests.

10. Every one should make himself or herself acquainted with the regulations of every company under which one expects

to travel, and if the proper services are not rendered correctly and respectfully, it should be reported to the proper authorities, and no quarrelling or fault-finding should be indulged in, to the disquietude of other travellers.

11. The public should decidedly and persistently demand every improvement in sanitation and comfort; they should refuse to endorse all improvable appliances until they are corrected, and then they ought to show a just appreciation of the efforts made in their behalf. When the demands come from reliable sources we shall have the requisite changes made, and the public health will be relieved from many of the dangers which now menace it in the conveyances ordinarily provided.

12. Individuals and companies should join with sanitarians and climatologists to stamp out infectious diseases, and one of the grandest steps in that direction will be in securing perfect sanitation in railroad cars. It can be done if the will is once aroused to activity in the proper direction.

#### MOISTURE FOR DRY REGIONS.

In providing the apparatus for furnishing moisture as well as equable temperature, it should be remembered that in travelling in hot, dry countries such as Mexico and Arizona, a superabundance of moisture will be rather beneficial because of the tendency of the atmosphere to absorb it very rapidly. Having been surrounded by the rather humid interior air of the cars, the system will have a few moments to adapt itself to the extreme dryness during the evaporation of the imperceptible humidity. But the opposite conditions must be secured while going into a cold climate in which the action of the cooler air would have a decidedly chilling effect. Consequently the manipulation of the apparatus required should be in the hands of well taught and intelligent officials.

In connection with this subject the following results of some investigations in the matter of tuberculosis may prove interesting. A bacteriologist gives the following data:—

In 383 examinations of floors of cars, 42.6 per cent were found to have germs of tuberculosis. In 117 guinea pigs inoculated with car dust and examined for this disease four to six weeks afterward, three well marked cases were found. Of the remainder forty-five died of infectious diseases.

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#### *SOME CLINICAL EFFECTS OF ACONITE.*

BY JULIA A. MARSHALL, M. D., HAVERHILL, MASS.

It may be interesting to mention a few clinical effects of aconite, a drug whose virtues, as Dr. Ringer says, "are only beginning to be known."

Having been for many years a sufferer from a weak heart, subject to severe attacks of tumultuous heart's action, with a sense of suffocation in a close room, and a sensation of extreme weakness after any slight illness, and getting speedy relief whenever I took aconite, and twice having been ill on the street and obliged to go into a drug store and ask for aconite to get relief, I have formed the habit of carrying a vial of the 2x in my pocket wherever I go, so as to help myself quickly. But recently I went to a convention without my aconite. At table it was announced, "A lady has fainted." I did the things that are usually done when the best things cannot be done, but after fifteen minutes there was no response. Then I said to a by-stander, "Go to a druggist's and get a few drops of aconite," and but a minute or two elapsed after the first dose when my patient opened her eyes and whispered "I feel better," and in a half hour was able to sit up. An hour later she said, "I am all right."

One hot day in June I was summoned hastily to attend one of my patients who had been taken ill on the street. I found her in a drug store in a state of collapse, face blanched, covered with cold sweat, surface of body and extremities icy cold, and nearly pulseless from vomiting. Aconite soon enabled me to get her into a hack and take her home. A rise of temperature followed but did not require any other remedy.

Aconite covers so many heart symptoms that I always use it first, while I am studying the case, and very often I continue it as in my own case.

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*Ter Die.* — It is not always good to be too curious, especially if you happen to be a hospital patient. One such was greatly concerned about what the physician wrote on the card at the top of his bed. While the nurse was not watching he took down the card, and immediately set up a great hullabaloo, groaning and sobbing in a dreadful manner. The nurse came to him asking him what was the matter. "Oh dear, oh dear!" was his response, "I've got to die!" "What is it? Do you feel worse?" asked the nurse in tender tones. "Not particular, mum, but I've got to die. The doctor has wrote it on my ticket." The poor fellow had so interpreted "ter die," and it was difficult to calm his fears. — *Exchange.*

*A High Death Rate.* — The highest death rate of any town in the civilized world is that of the city of Mexico — forty per 1,000. The city is 7,000 feet above the sea level, but in spite of this fact its defective drainage makes the mortality very great. Mr. Romero, the Mexican minister at Washington, explains in a recent article that when the water in Lake Texcoco is high it backs up into the sewers until the soil under the houses and in the streets is saturated with sewage. — *Col. Climatologist.*

*A New Epidemic.* — The cities of the east are at present threatened with a new epidemic — castration. Although just now in miniature, if present indications continue, appendicitis will be a thing of the past before the lapse of another year. Castration, double castration, etc., for prostatic and other troubles is now monopolizing the attention of the surgeons of the east to an extent that gives just occasion for alarm. — *N. A. Med. Rev.*

**EDITORIAL.**

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*MEDICAL EDUCATION OF THE LAITY.*

The ordinary physician is generally so engrossed in his professional duties that he deliberately neglects or has not time to keep in touch with the medical influences at work upon the laity. These influences acting, among other ways, through the medium of magazine articles, are exceedingly potent in making the laity more cognizant of physiological and medical conditions. The day is fortunately past when the patient needs ignorantly and blindly to act upon the advice of the physician. In fact at the present time so frequently are practical medical questions discussed in general print that unless physicians keep well informed of what is thus being written their patients may occasionally instruct them.

The "Popular Science Monthly" for June contains two articles of particular interest in this line. One of these, by Herbert Spencer, is a historical sketch of the evolution of the physician from the priest whose healing art was in harmony with the ancient religious belief that disease was caused by demoniacal presence, and of the surgeon whose function, quite distinct from that of the physician, was to remedy ills inflicted by material bodies. The other, "The Psychology of Woman" by Professor Patrick of Iowa University, will be noticed more at length on another page.

The July number follows with three studies of the same general character: "Climate and Health," by Dr. Charles Fayette Taylor; "A Medical Study of the Jury System," by T. D. Crothers, M. D.; and "Morbid Heredity," by M. Ch. Fére.

Ignorance of climatology among the well-educated is to be deplored, and especially among such preëminent travellers as the Americans. "Climate and Health" might be read with benefit by all, as it touches upon a question frequently of the greatest importance to physician and patient, "In what climate, or by what changes and influences of different climates can we be best invigorated for good existence in the location where we are obliged to live the greater portion of our lives?" That

minute care should be taken in answering this question is shown by Dr. Taylor's remarks regarding well-known regions often suggested as cures for certain diseases. He calls attention to the statement of Dr. Remondino that there are at least seven distinctly different climates in California, a state so often suggested as a remedy for lung troubles, and in like manner draws climatic distinctions in other well-known health resorts.

In "A Medical Study of the Jury System" the unsanitary conditions temporarily affecting the jurors are discussed and emphasized as of no minor importance, although often unheeded. "From a medical and scientific point of view, the average twelve men who are appealed to by the counsel and judge to wisely determine the issue of a case . . . are generally placed in the worst possible conditions and surroundings to even exercise average common sense in any disputed case." In order to institute an intelligent reform, the laity particularly needs to listen to such expositions as are here given of the poor ventilation, poor lodgings, poor food and lack of reinvigorating exercise to which the ordinary jury is subjected during its sitting.

"Morbid Heredity" opens with a sentence which might be aptly applied to the article as a whole: "The study of morbid heredity is full of interest, because the knowledge of its laws may assist us in finding preventive measures against it, and because it may thereby be a means of comforting persons who are under those laws." The subject is treated biologically and psychically. The author claims that neuropathic heredity is often the basis of teratological and pathological conditions, and tells us, moreover, that heredity of biological characteristics is greatly influenced by the conditions of nutrition and by the surroundings of the progenitors. He teaches that a better state of nutrition is capable of modifying the tendency to morbid inheritance, but he gives no definite rules, dietetic or otherwise, by which the desired end may be accomplished.

In the instances mentioned as means of medical education for the laity the effect must be only wisely educational. But physicians, the professed students of health and all things thereto pertaining, should be able through a knowledge of what is being read by the world to exert an influence for more or less of such a means of education. If for less they should then substitute something better; if for more they should liberally encourage and contribute to the work.

## EDITORIAL NOTES AND COMMENTS.

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THE IMPROVEMENT OF THE MATERIA MEDICA is a subject of no less than vital import to the further growth of homœopathy, and it is ample cause for rejoicing that the time is rapidly approaching when the improvement so long desired will be an accomplished fact. The medium through which the earnest desire of many is in a fair way to be realized is the American Materia Medica Association which was formally organized at Newport during the recent meeting of the American Institute of Homœopathy. Concerning this association our esteemed contemporary, that insistent champion of materia medica revision and improvement, and enthusiastic advocate of the establishment of a "College of Provers," the Southern Journal of Homœopathy, says : —

"The work of the American Materia Medica Association is the improvement of our existing symptomatologies, and the systematic conduct of new investigations. For the present attention will be turned entirely upon the symptomatologies already in existence, and pathogenetic experimentation will be postponed until certain preliminary work and study have properly qualified the organization to do correct scientific work."

The majority of homœopathic physicians are willing to acknowledge that there are imperfections in our materia medica ; that it is not in every particular beyond criticism. Some unreliable provings have crept into it, and the symptomatologies of some of its drugs are based upon too few provings. In some instances clinical and pathogenetic symptoms are almost hopelessly mixed. As a result of conviction on these points there has arisen and frequently been expressed a demand for the purification and perfection of our materia medica, so that it may become the solid, scientific structure so greatly desired. That the plan underlying the homœopathic materia medica is absolutely scientific, that the principle made use of in its upbuilding is ideally rational, there is not room even for the shadow of a doubt. There is only one thing to be done and that is to follow out intelligently and scrupulously the original plan of collecting the indubitable results of drug action on healthy organisms, employing as safeguards against error the accurate, closely scrutinizing methods of modern scientific investigators.

Growth in nature's realm is a rhythmical process. There are alternate periods of activity and rest. So with all great works involving vast interests. Periods of activity follow their inception, and later a more or less quiescent state ensues in which strength is accumulated for renewed effort, the laborers profiting by past errors, and drawing wisdom from past experiences. As to the homœopathic *materia medica*: the over-enthusiastic activity of the earlier homœopathists and their immediate successors resulted in the accumulation of a vast amount of material in the way of symptomatologies, and the "materia medica" attained such stupendous proportions that further work in that direction was paralyzed. After a season of rest there are signs of an awakening of the true, impartial spirit of investigation, and a determination, while benefiting by the experiences of our predecessors, to push forward in the line of true progress; and the inauguration of the American *Materia Medica* Association is an act that harmonizes well with the spirit of the times, and promises well for the future of homœopathy.

The possibilities lying before the association are incomparably brilliant. Are they to be realized?

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THE PSYCHOLOGY OF WOMAN is the subject of an able article in the "Popular Science Monthly" for June. The purpose of the article is to review the results of recent anthropological researches in order to see what bearing such studies may have upon the widespread popular movement whose end is the advancement of woman to a position of complete political, legal, educational and social parity with man. Writers on the general subject of the "equality of woman" have belonged heretofore either to the class of enthusiastic, over-zealous partisans of "woman's rights," whose extreme views have not infrequently irreparably offended conservative and half-persuaded friends, or to the bitter, unreasoning opponents of the movement, whose arguments have consisted chiefly of violent denunciation, coarse ridicule and misrepresentation. It is an encouraging sign of the modified temper of the times to read an article on the "woman question" as honestly, impartially and justly written, and as free from offensive discrimination as is the one under consideration.

The author of the article, Professor Patrick, of the University of Iowa, approaches his subject from the physical standpoint, but before presenting any facts concerning the psychological characteristics of woman now well confirmed by ample statistics, makes use of the following paragraph:—

“All facts are best studied in the light of an idea. It may be conducive to clearness, therefore, to mention first the leading theories now in the field concerning woman’s peculiarities. It has often been asserted since Aristotle that woman is a stunted or inferior man and represents arrested development. Again, it has been said that woman is a grown-up child, that she belongs to the child type, and must ever to some extent retain the child relation. Again, more recently, it has been maintained that although woman belongs to the child type, yet the child type is in truth the race type and represents greater perfection than is represented by man, whose natural characteristic is senility. Finally, it has been said that throughout the whole animal world, where artificial circumstances have not modified natural relations, the female stands for physical superiority in size and vitality, and more truly represents the essential qualities of the species. Without prejudice for or against any of these theories, let us see what evidence there may be for each.”

In following out his subject Professor Patrick emphasizes the points he makes by effectively contrasting man and woman, beginning with the grosser physical peculiarities and working through ordinary physiological characteristics to the more purely psychological. Among the more interesting facts presented are those which are drawn from purely medical sources, and some of these facts, though not new, are so interestingly put as to merit reproduction:—

“Some interesting differences are now clearly made out between man and woman in respect to birth, death, and disease. Statistics show that about one hundred and five boys are born to every one hundred girls in Europe and America. The proportion in other countries and among uncivilized races is said to be nearly the same. The greater mortality of males, however, begins with birth and continues throughout childhood and adolescence and the greater proportion of adult years. If, therefore, a count be made of boys and girls or men and women at any age after the first year, the females are found to be in a considerable excess, and this notwithstanding the decimation of women by diseases incidental to the child-bearing stage of their lives. These results, formerly attributed to accidental causes, are now known to be due to the greater natural mortality of males, and this is found to be in harmony with another series of sexual differences, namely, the greater power of woman to resist

nearly all diseases. Hospital statistics show that women are less liable to many forms of disease, such as rheumatism, hæmorrhages . . . and brain diseases; and that while they are more liable to others, such as diphtheria, phthisis, scarlet fever, and whooping-cough, even in these the percentage of fatal cases is so much less that the absolute number of deaths falls considerably below that of men. Sudden deaths from internal causes are much less frequent among women. They endure surgical operations better than men, and recover more easily from the effects of wounds. They also grow old less rapidly and live longer. Among centenarians there are twice as many women as men. Women retain longer the use of their legs and of their hands. Their hair becomes gray later, and they suffer less from senile irritability and from loss of sight, hearing, and memory. In brief, contrary to popular opinion, woman is more hardy than man, and possesses a larger reserve of vitality. In this connection the absence of physical abnormalities in woman should be noted. A mass of evidence from anthropological studies in Italy and England shows that degeneration marks, monstrosities, and almost all kinds of variations from the normal type are much less common in woman than in man. Here, too, we may note that statistics of the diseases to which men, women and children are severally most subject, show a somewhat marked similarity between the diseases of women and of children."

The article deals with many things that are not of specially practical interest to the physician, but it opens up a field of thought in which the practising physician may occasionally travel with benefit. In drawing conclusions as to the relative position of the sexes, Professor Patrick says:—

"The matter, in fact, reduces itself probably to this: that woman, like the child, represents the race type, while man represents those variable qualities by which mankind adapts itself to its surroundings. Every woman is, as it were, a composite picture of the race, never much worse nor much better than all. Man is, as it were, Nature's experiment, modified to reflect, if possible, the varying conditions of his environment. If superiority consists in adaptation to present environment, then man is superior; if it consists in the possession of those underlying qualities which are essential to the race—past, present and future—then woman is superior."

The concluding sentence of the article presents food for thought which if thoroughly digested and assimilated by the physician may supply him with an answer to the question not infrequently put to him as to the real position woman is destined to occupy by nature.

“May it not be that woman, representative of the past and future of humanity, whose qualities are concentration, passivity, calmness, and reserve of force, and upon whom, more than upon man, rest the burdens and responsibilities of the generations, is too sacred to be jostled roughly in the struggle for existence, and that she deserves from man a reverent exemption from some of the duties for which his restless and active nature adapts him?”

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A NEW APPLICATION OF HOMŒOPATHY—granting for a moment the popular and apparently ineradicable error that homœopathy has relation to size of dose, and not to principle of administration—is found in that clever bit of a magazine, *The Philistine*, in a recent issue. Physicians who deal in mental therapeutics might, from the hint here so good-humoredly offered, formulate a repertory which should leave no pathological mental condition without its indicated remedy:—

The taste for literature in homœopathic doses seems to be growing. If this thing keeps on, the time may come when knowledge will be put up like pills or wafers or tablets. And a great convenience it would be to the busy sons of American toil. If one wished to prepare an article on some historical subject, for instance, he could buy a box of Motley's American Pills or Gibbon's Roman Tablets, and take one after another until the requisite amount of historical information were absorbed. It would also be pleasant, if a gentle titillation of the literary senses were desired, to buy a few Richard Harding Davis wafers and lie down to delightful dreams. Or in case one's conscience became unusually obstreperous, he could take Biblical Tabules till his system was soaked with sanctity. If one's pessimism were temporarily upmost, he could find plenty of Nordau's Pillules to help him enjoy his misery while the fit lasted. It's a great scheme. Methinks the dim distant future holds a publisher's announcement similar to this:—

#### JUST ISSUED.

“SOME IMPRESSIONS AND A FIT.”

By Mark Nye Bunner. In twelve pills and two boxes. In plain pasteboard boxes, \$1.00 per box. In gilt edge boxes, uncut, \$2.00 per box. By all means the strongest work of this popular condenser. It is not too much to say that there is more giggle in each pill than can be found in any similar work. And the fit at the end—well, it is wholly indescribable. Long Greens & Co., Literary Dispensatory, Chicago and London. Sent prepaid by telepath, on receipt of price.

#### A FEW CRITICISMS.

*Washington Roast:* “Not a dull pill in the box.”

*New York Rostrum:* “Very clever. After taking one pill the reader cannot put down the box until he has taken all its contents.”

*Chicago Between-Seas:* “Cannot contain our disgust. Tried to digest the contents of these boxes, but threw up the job after taking one pill.”

*New Orleans Pickatune:* “The pills lead gently and pleasantly up to the final mystery when the Fit clears everything up in a very sensational manner. More such pills would have a highly beneficial effect upon modern literature.”

## SOCIETIES.

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*HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.*

The regular meeting of the Homœopathic Medical Society of Western Massachusetts was held in the parlors of the Cooley Hotel at Springfield, June 12. At the business meeting it was voted that the constitution be reprinted with a revised list of members attached, to be ready for distribution at the regular quarterly meeting in September. After the transaction of some other minor business the meeting was placed in charge of Dr. N. W. Rand, chairman of the bureau on *Materia Medica* and *Pædiatrics*; the following papers were then read and discussed:—

I. "Ruta Graveolens," by Dr. F. A. Woods, Holyoke.

The discussion showed that few of the members had used this drug to any large extent. Dr. Lamson Allen of Worcester had found the drug very useful where *rhus* and *bryonia*, though seemingly indicated, had failed. Dr. Barton of Worcester had found the drug useful in eye strain. In speaking of rheumatism Dr. Carmichael of Springfield wished to call the attention of the Society to the fact that children often seem to suffer from muscular rheumatism when the cause is due to improper food.

II. "Spina Bifida," by Dr. G. H. Wilkins, Palmer, was not read.

III. "Cause and Treatment," Dr. G. F. Forbes, Worcester.

This paper was the same one read by Dr. Forbes before the State Society some time ago. It brought out a very interesting discussion in regard to gall stone colic and its treatment. Dr. Carmichael had cured nearly all cases of gall stone colic with *China*; he had had good results from the use of sweet oil and advised the use of Phosphate of soda in teaspoonful doses every two hours as it is very important to keep the bowels open. He noted that quinine or some form of Peruvian bark often gives relief to gall stone colic, also to severe forms of gastralgia.

IV. "Capsella Bursa Pastoris," by Dr. Lamson Allen, Worcester.

The analogues of this plant are *trillium*, *sabina*, *crocus*, *millifolium*, *ledum*, etc. Dr. Allen did not succeed in finding any proving of the drug, but from "Hale's New Remedies" he found the following clinical indications: Frequent occurrence of epistaxis; useful in the generative organs for passive metrorrhagia with too copious and frequent menses. Chief use of the drug is in diseases of women; standing in the same rela-

tion to these diseases that chelidonium does to diseases of the liver.

V. "Chelidonium," by Dr. Copeland, Northampton.

In this paper the writer emphasized the usefulness of chelidonium in diseases of the liver—comparing the study of the drug with so-called "biliousness."

VI. "Medicinal Plants," by Dr. N. W. Rand, Monson.

This was a description of our most common medicinal plants, accompanied by such specimens of the same as could be gathered in this vicinity, such as berberis, apocynum, digitalis, asclepias tuberosa, taraxacum, chelidonium, kalmia latifolia, kalmia angustifolia, veratrum viride, rumex and several others.

E. H. COPELAND, *Sec'y.*

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#### REVIEWS AND NOTICES OF BOOKS.

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"THE DISEASES OF CHILDREN, AND THEIR HOMŒOPATHIC TREATMENT." By Robert N. Tooker, M. D. Pp. 813. Chicago: Gross and Delbridge.

The world over homœopathy is credited with being "very good," "just the thing," "excellent," "for children," and it is in this most important specialty that it has won perhaps its brightest laurels. And this enviable record has been made notwithstanding the fact that there has been a lamentable poverty of literature on the subject. It is a curious fact that homœopathy has justly earned such an enduring reputation in the treatment of diseases of children with such a paucity of text-books to serve as guides to its students and practitioners. But this success may be looked upon as a notable example of the reliability of the therapeutic maxim "*similia similibus curantur*"; and this success may well increase the assurance of those who claim that the one great need of homœopathy is the further development of its *materia medica*.

It is with such thoughts in mind that this book by Prof. Tooker is taken into consideration. After deliberate perusal it must be pronounced a satisfactory, well written, reliable and creditable treatise, worthy to rank with the best productions of our school. It should at once take its place as the leading text-book in its department, and homœopathic students and practitioners should not be slow to familiarize themselves with its teachings. The work is composite in nature for we find that Professors L. C. Grosvenor, J. H. Buffum, E. M. Hale, Clifford Mitchell, N. B. Delamater and S. N. Schneider are credited with contributing chapters in their special line. There is, how-

ever, such a clearness of diction and uniformity of style pervading the entire work that one looks upon it as the product of a single pen.

The introductory chapter deals with the anatomical, physiological and pathological peculiarities of infancy, with the subjects of growth, temperature, signs of disease, and examination of sick children. In this last section is found an unimportant inconsistency in the author's expressing disapproval of including in such works "several pages of more or less explicit directions as to how the student or the young practitioner is to go to work to examine a child who is supposed to be ill," because "the printed page can never teach the novice to be an expert," etc., and then quoting several pages from Louis Starr giving minute direction as to auscultation, palpation and percussion of sick children.

The chapter on "Therapeutic Hints" contains many good points, among them reference to the dangers of giving opium, tartar emetic, mercury, atropine, and phenacetine, antipyrine, etc., to children. Fresh air and good food are recommended as the "best *tonics* in the world," cod-liver oil being specially spoken of, properly, as a food. The questions of the size of the dose, the degree of attenuation, alternation and repetition of remedies, etc., are not discussed, although in other parts of the book the potency preferred by the author is frequently stated.

It is unnecessary to refer in detail to the many different sections and chapters comprising the book; enough to specify a few points. For example, the author fully appreciates the importance of "nutrition" and in addition to devoting two chapters to "food and feeding" gives the subject throughout the book the prominent position it deserves. Hydrotherapy is not neglected, for ample indications and directions are given for the use of hot, warm, and cold douches, baths, packs, etc. "Adjuvants" are recognized as useful though only a few are recommended and those of a simple sort. More space is devoted to a defence of gum-lancing during dentition than is usually found in homœopathic literature, but the author speaks from and of experience. The medicinal treatment is homœopathic, though the author recognizes the fact that some "symptoms" given are clinical rather than pathogenetic. He recommends remedies that have stood the test of experience. Occasionally, but very rarely, such drugs as diuretin and bromoform are suggested on physiological grounds. For some diseases the medicinal treatment advised is meagre and general, but in other cases the drugs and indications are ample, the "therapeutics" of scarlet fever for instance including full indications for no fewer than forty-nine remedies. From the standpoint of modern pathology, including etiology, diagnosis, and prognosis, the work is sound and discriminating. The book on the whole, therefore, would seem to richly deserve popularity.

“CHARACTERISTIC MATERIA MEDICA MEMORIZER.” By William H. Burt, M. D. Chicago: Halsey Bros. & Co.

This book by one of America's best known and most popular writers on homœopathic materia medica, is sure to receive a hearty welcome. It is a book preëminently suited to the needs of the student. Its plan is simple. It presents a few of the most characteristic symptoms of over one hundred and fifty drugs, the symptoms being only those of established reliability. On the average there are about a dozen of these characteristics given forming a substantial framework upon which the student may build. Certain polychrests, of course, present a good many characteristic symptoms, *nux vomica* having forty-four, *phosphorus* forty-nine, *pulsatilla* fifty-two, and *mercurius* sixty-five. Most of these symptoms are drawn from pathogenesis but in certain cases, as under *lachesis* and *lycopodium*, they are drawn from the less reliable field of clinical experience. While the vast majority of these drugs present indications for their use on strictly homœopathic principles, a few of them, such as *antipyrine*, *antifebrin*, *acidum salicylicum*, *cascara sagrada*, *cocaine*, *iodoformum*, and *kola nut* are recommended on purely physiological principles, being drawn from frankly empirical sources. This is to be particularly deprecated in a book written for the immature student of homœopathy. But on the whole the book will prove very useful to such a student.

“COUGH AND EXPECTORATION; A REPERTORIAL INDEX OF THEIR SYMPTOMS.” Second edition. By Geo. H. Clark, M. D. New York: A. L. Chatterton & Co.

This work is a second edition and a veritable *édition de luxe* of the familiar “Lee and Clark's repertory.” It is beautifully gotten up in flexible morocco binding, clearly printed on good paper, and is withal a book to reflect credit on the publishers, and cause many throbs of honest pride in the heart of its author. This edition has been revised and enlarged by Dr. Clark, who has made no change in the general, systematic plan adopted for the first edition. The book contains all the cough and expectoration symptoms of about 450 remedies, a number that ought to satisfy the most fastidious symptom-seeker. The arrangement of the symptoms is simple and convenient, being alphabetical and following an anatomical schema, so that a little practice will enable one to use it with certainty and rapidity. In this edition the numbers over the symptoms indicating their sources are omitted. This omission is defended by Dr. Clark as follows: “Every symptom, no matter how apparently trivial, and no matter whence it came, is of value, and every faithful disciple of Hahnemann will, at some time, be able to make use of it.” While this doctrine may be acceptable to the “faithful” (?) it is very properly considered by very many simple and honest fol-

lowers of the doctrine of similia as not only unscientific in principle but distinctly injurious to the advancement of homœopathy. If the symptoms included were only producible and of demonstrable reliability the book would be not only beautiful but inestimably useful.

“MEDICAL GYNÆCOLOGY; A TREATISE ON THE DISEASES OF WOMEN FROM THE STANDPOINT OF THE PHYSICIAN.” By Alexander J. C. Skene, M. D. Cloth; illustrated; pp. 529. New York: D. Appleton & Co., 1895.

This excellent work is worthy of high praise. Its scope is very extended and it treats of the diseases peculiar to women in a very broad and intelligent manner. The style is delightful and the arrangement of the book adapts it at once for ready reference, and, at the same time, its thorough perusal can but prove of great value especially to the general practitioner. The author shows a wonderful knowledge of woman's intellectual and moral nature, and treats “woman” as a whole, giving a just estimate of the effect of the personal equation of the individual upon disease:

The volume is arranged in three parts:—

Part I deals with the primary differentiation of sex, development and growth during life, and the conditions favorable to the evolution of normal organism and the attainment of a healthful puberty. This involves the discussion of heredity and environment, including care in childhood, mental and physical education and culture, together with the necessary attentions during the transition from girlhood to womanhood.

Part II treats of the characteristics of sex, the adaptation of structure to function, the predisposition to particular diseases and the causes of certain affections peculiar to women; then all the functional and organic diseases common to the period of active functional life of woman which naturally come under the observation and care of the physician.

Part III discusses the menopause, or the transition from active functional life toward advanced years, and the diseases of the latter period.

Dr. Skene thinks that chlorosis begins in early infancy, not at puberty, and that the habit persists through life. The time to treat the habit is during early childhood. The section upon dietetics is at once concise and full. It is arranged for ready reference. The chapter upon mental therapeutics is certainly a departure in the right direction. The author says that during the last ten years mental treatment has received attention from many of the best minds of the age. “Within the past century scientific men have taken up the subject of hypnotism and endeavored to place it upon a scientific basis. Prominent among these are Braide, of England, and Mesmer, Liebault and Charcot, in France.”

Dr. Skene tersely states on page 149 that the body possesses two minds, the objective and subjective, and he believes that the subjective mind has the ability to influence the body powerfully. In this, if one may judge by his brief utterances upon the subject, he is practically in accord with Binet in his view of the so-called subliminal consciousness. We fancy, however, that Dr. Skene's clear mind would reject certain of Binet's absurd automatic writing tests. Dr. Skene says, "This hypothesis, upon which hypnotism or mental therapeutics is based, may or may not be correct, but it answers the purpose of enabling one to explain this psychological or mental action perhaps better than any other." Many in the profession will be astonished at Dr. Skene's statement on page 149, that "This peculiar influence of one mind upon another, or the communion of minds with one another, is a faculty common to all; but some have it in such a limited degree as to be unnoticeable, while in others it is possessed to an extraordinary degree. The method of communication differs from the ordinary means in the fact that the transference of impressions or influences from one mind to another may take place without any of the physical means of communication, such as spoken words, facial expressions, or gestures."

It is stated on page 151 that "It is a known fact that if one is under the psychological or mental influence of another, especially in the hypnotic state, and the operator suggests to the patient to change the circulation in a given part of the body, the blood supply will be modified accordingly. By suggesting to one who is hypnotized that a given part of the body is burning, it will become strongly congested. In fact, it is claimed that blisters have been raised in this condition and by this mental influence. In this respect hypnotism or mind influence is one of the most powerful agents in curing functional diseases."

The local treatment of salpingitis and ovaritis is not clearly described. Under displacements of the uterus Dr. Skene says, "With regard to uterine displacements it is possible that the primary cause is a relaxation of spinal and abdominal muscles and consequent unnatural gravitation."

The author lays down in a very clear manner the indications for the Weir-Mitchell rest cure. He emphasizes the rôle played by the sympathetic nervous system rather more clearly than is usual with most writers.

C.

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Dining room, Ocean House, Newport, June, 1895, during the session of the American Institute of Homœopathy:

*Doctor* (sitting disconsolately at table waiting for the waiter who has been gone half an hour with his order) hails another waiter: "Can you tell me where the waiter is for this table?"

*Gentleman of Color* — pointing: "Do you mean dat tall *dark* gemman, sah?"

*Head Waiter* (appears on scene and takes in situation at a glance): "Here" (speaking to the waiter), "see that this *man*" (the doctor) "has everything he wants."

## PERSONAL AND NEWS ITEMS.

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DR. A. H. POWERS has removed from 756 Tremont Street, Boston, to 352 Massachusetts Avenue.

DR. LINCOLN A. STEWART, class of '95, B. U. S. of M., has located at 208 Ashmont Street, Ashmont, Mass.

RUSSELL BINGHAM, M. D., of Melrose, Florida, has taken the office and practice of the late Dr. D. B. Whittier, at 62 Day Street, Fitchburg, Mass.

DR. L. HOUGHTON KIMBALL, until recently located at 200 Warren Street, Roxbury, has moved into his new residence at the corner of Warren Street and Elm Hill Avenue.

FOR SALE by a physician whose health obliges him to make a change, house and practice in a large town in Vermont. For particulars address "Z. Y. X.," care Otis Clapp & Son, 10 Park Square, Boston.

A GOOD OPPORTUNITY for an experienced homœopathic physician to buy a doctor's fine residence and secure desirable clientage in the most attractive city adjoining Boston, may be learned of by addressing "X. M. D.," care Otis Clapp & Son, 10 Park Sq., Boston.

DR. CHAS. S. MACK has returned from Ann Arbor, where he has been filling the chair of Materia Medica and Therapeutics in the Homœopathic Medical College in the University of Michigan, to Hyde Park, Ill., and has opened an office in The Geneva (s. e. corner of 57th Street and Madison Ave.) for general practice.

## A FATAL CHLOROFORM CASE.

EDITOR OF THE N. E. M. GAZETTE: Yesterday, the 14th of June, in the afternoon, the coroner with a jury held an inquest touching the body of a man, named Bhut Nath Dey, a resident of Boidyabaté, who died at the Mayo Hospital on the 7th idem. It appears that he came to Calcutta purposely to undergo an operation, suffering from an ophthalmic disease in his left eye. On the morning of the 7th the doctors (*allopathic*) considered it necessary to chloroform the deceased prior to performing an operation. He expressed his willingness to be put under chloroform and after an operation had been performed, the doctors discovered that his heart's action was steadily failing and he never recovered consciousness. He was a confirmed opium-eater. Dr. Gibbons, the police surgeon, who held the *post-mortem*, deposed that he had found no marks of violence on his person, and that his opinion was that the deceased had died from a sudden shock immediately after the operation was performed. The jury returned a verdict that the deceased had met his death by a sudden shock which terminated simultaneously with the heart's action.

DR. D. N. BANERJEE.

Calcutta.

DEAR MR. EDITOR: The National Society of Electrotherapeutists will hold its third annual convention at Hotel Vendome, Boston, on Sept. 18 and 19, 1895. A large number of valuable papers have been promised and the meetings will be of great profit to all interested in the development of electrotherapeutics. There will be an exhibition by the leading manufacturers of electrotherapeutic supplies. Any physician who has occasion to use electricity will find these meetings very helpful to him in his work, for no one can keep pace with the rapid development of this science unless he associates himself with such a society of specialists. The physicians of Boston are invited to attend the meetings without further notice.

Yours truly,

WILLIAM L. JACKSON.

THE NEWTON SANATORIUM was originated for the accommodation of persons with nervous or other diseases who needed sanatorium treatment, at fifteen to thirty-five dollars a week. These patients reside in private homes, with skilled nurses, and receive the personal care of Dr. Paine. There was then a demand for the care of insane patients at similar rates, and this need has now been provided for by Dr. Edward H. Wiswall, former assistant physician at Westboro. He has taken a house at Newton, where he will receive insane patients and they will have the medical supervision of Dr. Paine. All correspondence should be addressed to Dr. N. Emmons Paine, West Newton, Mass.

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### OBITUARY.

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RHODA ASHLEY LAWRENCE was born in Lubec, Maine, Jan. 14, 1836, died at her home, 2 Dunreath Street, Roxbury, Jan. 30, 1895.

Dr. Lawrence was educated in Charlestown Seminary and became a school teacher. At the age of twenty-eight she married and moved to Pembroke, Maine, where she remained until the death of Mr. Lawrence which occurred three years later. After the death of her husband Dr. Lawrence followed the vocation of teacher in the States of Iowa, Rhode Island and Massachusetts. In the year 1867 she came to Boston. Soon after she became telegraph operator at Jamaica Plain. She was employed in that business for several years. Not being satisfied with her work she studied and successfully practised massage. This opened new fields of vision, and with the restless ambition which characterized the woman she entered the Boston University School of Medicine and graduated in 1885. There was where we first knew her, and as her classmates we can all testify that she was a thoughtful, conscientious student, and earnest worker. Since her graduation she has been engaged in active practice until about a year ago. Since October last she has been a great sufferer. Dr. Lawrence was a Swedenborgian in belief and allowed her life to be swayed only by pure and lofty ideas. She gave her aid freely to the poor and was much loved by her patients and friends. She will be missed in the Homœopathic Dispensary, the Roxbury Dispensary and the Old Ladies' Home. We shall miss our classmate. Death has been very merciful to our ranks, only two having left us since we graduated, Dr. Porter having died in 1886.

Dr. Lawrence leaves one son, one brother, and two sisters to mourn her loss.

THE CLASS OF 1885 BOSTON UNIVERSITY SCHOOL OF MEDICINE present the following resolutions. WHEREAS, It has pleased Divine Providence to call from among us one of our classmates, Rhoda Ashley Lawrence; *Resolved*, That this class has lost an esteemed member, a woman of sound judgment, devoted in her friendship, zealous in every good work, patient and faithful in every trust committed to her charge; *Resolved*, We wish to express our deep appreciation of her character, and desire to extend our sympathy to the members of her family; *Resolved*, that a copy of these resolutions be sent to them.

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# THE NEW-ENGLAND MEDICAL GAZETTE.

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## COMMUNICATIONS.

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### *SOME PROVINGS ON WOMEN OF VIBURNUM OPULUS.\**

BY SUSAN J. FENTON, M. D., OAKLAND, CAL.

The remedy of which I have a few provings to report is *Viburnum opulus*, or High Cranberry Bush, indigenous to America, England and Scotland. . . . .

The power of mind over matter is often well illustrated in drug-proving. Two of my provers had such violent symptoms while taking discs saturated with alcohol, which they supposed to be the drug, that they gave up the proving, fearing, if continued, their lives would be sacrificed. Another prover, while taking the alcohol, said she could not keep on with her work and continue the "medicine," as it caused her so much pain. Still another was positive that a headache which she had while taking the alcohol was caused by the "medicine."

All the provings of any value were those obtained from the drug tincture, a disappointment to me, for I had fondly hoped to get them from the potencies. One prover had no symptoms whatever, except a fulness of the head, though she took from drop to drachm-doses.

### RECORD OF SYMPTOMS.

I. Mrs. A., tall, of slender build, rigid fibre, with dark hair and eyes, nervo-bilious temperament, forty-nine years old. Mother of four children; menstruation regular, never having missed a period except during her four pregnancies. She began on the tincture October 11, having spent three weeks with alcohol and potencies. October 12, pain in left leg, of a crampy nature, severe headache, restless sleep, continual nausea. October 13, pains much the same.

October 15, time for menstruation. Severe headache, worse on right side. Crampy pain in stomach. Severe pain begin-

\* Reprinted from the "Pacific Coast Journal of Homœopathy."

ning in back and extending around lower abdomen with bearing-down. Frequent desire for stool, with aching hæmorrhoids, frequent urination.

October 16. A terrible crushing pain in head, worse in left parietal region, where there is a sensation as if head were opening and shutting; worse by motion or mental exertion, better by rest. Sore eyeballs, nausea, sick feeling all over. All these symptoms lasted five days with slightly varying intensity.

November 6. Began taking drug at 9 A. M., two-drop doses every two hours. In the evening had severe pain in head, and sleep was restless. Frequent desire for stool; frequent profuse urination.

November 7. Heavy aching in back, over sacral region. Excruciating crampy pain in abdomen. Did not menstruate in October.

November 8. Same crampy, colicky pain in both ovarian regions, extending down thighs. Headache on both sides; worse on the left. Nausea still continues, sick feeling all over.

November 9. A terrible clutching, cramping pain in back, coming around lower abdomen to uterus, with severe bearing-down as if menses would appear. These pains continued until the 15th, when they were relieved by menstruation. Has menstruated regularly ever since.

II. Miss B., short, plump, dark hair and gray eyes, phlegmatic temperament; twenty-one years old; almost perfect health. No symptoms until the third week, when she began taking the mother tincture.

November 15. Began with two drops of the tincture at 8 A. M., repeating the same dose every two hours. November 15 at 3 P. M., began to have pain in the left side of the head, of a dull heavy character, with throbbing upon motion, somewhat better from keeping perfectly quiet. Does not remember to have ever had a pain like it before. Slight, deep-seated pain in the right ovarian region, extending down thighs, and worse from walking or any exertion.

November 16. Pain in head more severe, with dizziness and nausea. Pain in right ovarian region. Bearing-down feeling as if menses would appear.

November 17. Pain in head very severe, worse on left side, worse from motion, better from rest. Face and lips almost colorless. Dark circles under eyes. Head feels heavy. Feels sick all over, with nausea. Restless sleep, severe pain beginning in back, coming around to front. Severe aching in uterus, with heavy bearing-down sensation. Whole pelvis feels full and congested. Has stopped the medicine. Aching in limbs.

November 18. Head feels better, but least exertion—mental

or physical—brings on the pain. Pain in back and abdomen not so severe, but of same character and very much worse by motion, walking or stooping, better from resting.

November 19. Still pale and languid. Disinclination for any work, mental or physical.

III. Could not obtain any symptoms, although she took the drug for a week, and at the last in drachm-doses.

IV. Miss D. Short, plump, dark hair and eyes, good health; bilious temperament; twenty-four years old; by occupation a nurse. Menstruation always regular until two and a half years ago, when she had amenorrhœa for four months. Since then menstruation has been irregular and early, flow, though never excessive, coming sometimes as often as every three weeks, lasting four days, and accompanied by slight dragging pains and feeling of weight in pelvis. Has never been off duty at these times. Ceased menstruation March 31. Began taking drachm-doses of the tincture of *Viburnum op.* hourly on April 4.

No symptoms first day. No symptoms second day.

On the 7th of April, upon rising in the morning, felt very nervous and excessively irritable. Nervousness and irritability continued all day, an entirely new experience. Took three doses before noon, then discontinued it. Retired early; had very restless sleep; felt sick all over. When asleep, had sensations of falling, and awakened frequently with a start.

At 4 o'clock A. M. of the 8th, began to have heavy bearing-down pains in the pelvis, running from back around abdomen to uterus, where the pain is cramping in character and very severe. Feeling of pressure on bladder. Much surprised to find she was menstruating.

Face decidedly swollen and congested, with dark circles under the eyes. Chest palpitation, with sensation of lack of air after each severe pain. Extremities: aching of arms and thighs, feet somewhat swollen. Abdomen: constant heavy bearing-down pain from back below region of kidneys, through to the front in ovarian and uterine region. At intervals, had distressing and grinding pains in ovaries and uterus, with sensation as if organs were turning upside down, also as if parts were being forced through vulva. Desire to support the parts. Each paroxysm of pain of such severity as to cause profuse perspiration. Was dripping wet all over, face, hands, etc. During pains felt she could not move. Great exhaustion.

Notes.—Easily excited, felt bloated all over; felt no desire to eat. Stomach felt full; desire to sleep between severe pains from exhaustion, but could not. Unable to work. Had to be excused from duty. Extremely nervous and irritable. Restless night.

April 10. Went on duty, but suffered all day, from excessive soreness of abdomen, with aching and pressure downward.

V. Miss E. Medium height, dark brown eyes, dark hair, bright lively temperament. Twenty-one years old. Occupation, nurse. Began taking tincture of *Viburnum op.* on April 4. Like the others, she had no symptoms from the potencies.

April 12, taking one-half drachm doses every two hours. No symptoms until evening of 17th, when she began having pain in back in region of sacrum, describing it as an "unjointed feeling."

April 18. Same backache; pain in both temples; worse on the right side. Pains begin in temples and shoot to the base of the brain. These shootings are very painful. Stopped medicine.

Began, April 22, taking one-drachm doses every three hours. Headache and backache same as on 18th; looks very pale, with dark circles under eyes. Feeling of oppression over whole chest; clutching pain in region of heart, worse from any exertion; pain in heart excruciating, cramping.

April 24. Continued medicine. In abdomen, a bearing-down sensation, with severe cramps. Began menstruating ten days early (always regular before); usual pain down right limb absent. Pain in back, and cramps lasted throughout the period (seven days).

VI. Miss F. Medium height, rather slender, blonde, sanguine temperament, age twenty-five years. Occupation, at present, housekeeper; formerly cook. Always strong and healthy, until latter part of 1891, when she had a very severe attack of pelvic congestion, and for fifteen months was under constant medical treatment. Her sufferings were so great as to keep her in bed almost constantly. In June, 1892, double oöphorectomy was performed, with much relief of the symptoms, but attacks of pelvic congestion still persisted, coming at first every two to four weeks (last eight months they were much less frequent), interfering materially with her general health and strength. The pain with these attacks was very severe. The symptoms were, excruciating pains through lower abdomen, with bearing-down sensation and a feeling as if the body from the waist down to the lower part of the pelvis would collapse; very severe pain in the sacral region, coming from the hips around to the front. An indescribable sick feeling all over; nausea; severe aching in rectum; great depression of spirits. The symptoms were better when lying down.

April 4, began taking *Viburnum op.* in three-drop doses of the tincture three times daily. After taking it for three days, instead of developing symptoms, she lost those she had, feeling, as she expressed it, "perfectly well for the first time in over four years."

## CONCLUSIONS.

In all the provings I find the congestive, crampy, pelvic pain. All had the same sacral backache. All had the pain in the head in the temporal region. All had aggravation from motion and amelioration by resting. Three had nausea with their pains. Two had feeling of irritability. In No. 6 was developed a curative symptom—absolute amelioration of all her distressing symptoms of four years' standing. One had amenorrhœa, while two had menstruation too early. From the fact of getting no reliable symptoms except from the tincture, I conclude *Viburnum opulus* will act best in the lowest potencies.

Its sphere of action appears to be limited to the sexual organs. When given for spasmodic and congestive affections dependent upon ovarian or uterine origin, I believe its action will be prompt and curative.

*THLASPI OR CAPSELLA BURSA PASTORIS.*

BY LAMSON ALLEN, M. D., WORCESTER, MASS.

[Read before the Homœopathic Medical Society of Western Massachusetts.]

**Botanical Description:** This plant belongs to the Cruciferæ or mustard family. The name signifies "the little pod of the shepherd's purse." It is an annual, growing in waste places, in fields, pastures and on roadsides throughout the country in towns and cities. It is not indigenous to this country, but naturalized from Europe, and has become one of our commonest weeds. It has a stem six inches to one foot high, nearly smooth above, hairy below, striate and branching, bearing small, white flowers, terminal, followed by the triangular and notched pods, in a long raceme. Root-leaves two to eight inches long, incised, clustered; stem-leaves smaller, narrow, auricled at base, semi-clasping. Fruit an obcordate, triangular silicle, containing many brown seeds. Flowers from April to September.

**Officinal Preparation:** Tincture of the whole plant. The fresh plant, gathered when in flower, is chopped and pounded in a pulp and weighed. Then take two-thirds by weight of alcohol, add it to the pulp, stirring and mixing well together, and strain through a piece of new linen. The tincture thus obtained is allowed to stand in a dark, cool place, and then filtered. Drug power of tincture  $\frac{1}{2}$ .

The preparation of the dilutions comes under class II of the Homœopathic Pharmacopœia.

**Potentiation:** A.—Centesimal Scale: Two minims of tincture and 98 minims of dilute alcohol give the first potency.

One minim of the first potency and 99 minims of alcohol give the second potency. All following potencies are prepared with one minim of the preceding potency to 99 minims of alcohol.

B.—Decimal Scale: Two minims of tincture and 8 minims of dilute alcohol give the 1x potency. One minim of the 1x potency and 9 minims of dilute alcohol give the 2x potency. One minim of the 2x potency and 9 minims of alcohol give the 3x potency. All following potencies are prepared with 1 minim of the preceding potency to 9 minims of alcohol.

Analogues: Trillium, sabina, crocus, millefolium, ledum, hamamelis, ipecac.

Pathogenesis: I do not succeed in finding any proving of the drug.

Uses: From "Hale's New Remedies," I abstract the following, all clinical:

Head.—Frequent, occurring epistaxis, of a passive nature.

Urinary Organs.—Passive hæmaturia.

Generative Organs.—Women: Passive metrorrhagia with too copious and frequent menses. Delaying menses caused by inertia of the uterus. Hæmorrhages, with violent uterine colic; with cramps consequent upon abortion at the critical age, and even when there was cancer of the cervix. Menorrhagia of three years' standing; every menstruation with hæmorrhage; the first day barely shows; the second, profuse flooding, severe colic, vomiting and expulsion of clots; the flow continues ten to fifteen days. Menses three days too soon, very profuse, uterine colic and discharge of clots. Hæmorrhage, from cancer of the neck of the womb. Hæmorrhage after abortion.

In examining the literature of this subject, I have run across an article by the valuable writer on ancient medical lore, Dr. S. A. Jones. It may be found in the "Homœopathic Recorder" for Jan. 15, 1892, p. 12. I will quote it entire. He says:

"Some time since, the publication, in the 'Recorder,' of a paper upon this little-used drug, from the pen of Dr. Dudgeon, led me to look up its empirical history. I found it of sufficient interest to merit publication, and I proposed the writing of a paper which I could have emphasized by reporting a case of chronic hæmaturia that was speedily and permanently cured by this agent alone. Instead, I quietly pocketed my fee—I got only one bite at the patient, as it was a consultation case—and let my purpose slumber in the limbo of things-proposed-to-be-done. Tonight I have been reading Dr. Burnett's little treatise on 'Diseases of the Liver,' and his book has brought my forgotten purpose to mind. He says, on page 165: 'As I have had a good deal of clinical experience of Bursa Pastoris, tending to show that it is a remedy specially affecting the womb as

chelidonium does the liver, I determined to test for the *appropriatum uteri*, as I conceived Paracelsus or Rademacher might have done.' The subsequent report of the case—which you had better read for yourself—seems to satisfy the doctor that he is correct in his view. I hope it is not invidious to say that I find nothing in the empirical history of Bursa Pastoris to reconcile me to his logic. However, the said empirical history shall now be forthcoming to speak for itself.

"According to Littré, the Thlaspi of Pliny is the Thlaspi Bursa Pastoris of Linnæus, and the great compiler of natural history says: 'The seed carries off bile and pituitous secretions, by vomit and by alvine evacuations. It is used also for sciatica, in the form of injection; this treatment being persevered in until it has induced a discharge of blood. It acts also as an emmenagogue, but it is fatal to the foetus.' Here, indeed, is a hint of its action upon the uterus; but it was previously shown that injections per anum induce a discharge of blood, so that all that is established is its hæmorrhage-producing quality.

"We will now follow the history of the drug from the sixteenth century to the present.

"How leisurely those old fellows did everything, even to the writing of a title-page, as this will witness:

"'A Nievve Herball, or Historie of Plantes: wherein is contained the vvhole discourse and perfect description of all sorts of Herbes & Plantes; their divers & sundry kindes; their straunge Figures, Fashions, and Shapes: their Names, Natures, Operations, and Vertues; and that not onely of those whiche are growying in this our Countrie of Englande, but of all others also of forrayne Realmes, commonly used in Physicke.

"'First set foorth in the Doutche or Almaigne tongue, by that learned D. Rembert Dodoens, Physition to the Emperour; and now first translated out of French into English, by Henry Lyte, Esquyer.

"'At London by me Gerard Dewes, dwelling in Pawles Churchyarde at the sign of the Swanne, 1578.'

"Would that the reader could look over my shoulder at the illustrated folio title-page and see its glories. Apollo, Æsculapius, Gentius, Arthemesia, Mithridates, and Lysimachus, adorn the top corners, and the margins. At the bottom is the Garden of the Hesperides, and Hercules, club in hand, 'knocking the stuffin' out of a dragon to get in; the inducement apparently being three women inside, who, judging by appearances, forgot to dress on that especial occasion. But Mithridates has his eye on the whole performance, and from his perch at one corner can easily brain Hercules with his sceptre at the first sign of misbehavior. In an out-of-the-way nook is a monogram S. A., and below on separate corners are the let-

ters P. B.; evidently the designer and the engraver snatching at such immortality as a printed page could insure—and three hundred years after they are dust their sign remains! Where are they? Not in English soil, for the printer's colophon says: 'Imprinted at Antwerpe, by me Henry Loë Booke-printer, and are to be solde at London in Povvels Ch'urchyarde, by Gerard Devves.' O thou that wast Henry Loë, if thy sleep is as sweet as thy work is honest, of a surety thou art blessed!

"The 'Physition to the Emperour' treats a remedy thus:

## OF SHEPARDS PURSE.

### CHAP. IV.

*The Description.*—Bursa pastoris hath round, tough, and pliable branches, of a foote long; with long leaves, deeply cut or iagged, like the leaves of Seneny, but much smaller. The floures are white & grow by the stalkes, in place whereof whan they are gone there rises small flat boddes, or triangled pouches, wherein the seede is containned, whiche is small & blacke. The roote is long, white and single.

*The Place.*—Sheepeherds pouche groweth in streates and wayes & in rough, stonie, untilled places.

*The Time.*—It floureth most commonly in June and July.

*The Name.*—This herbe hath neither Greeke nor Latine name given to him of the Ancient writers, but the later writers, have called it in Latine Pastoria Bursa, Pera or Bursa pastoris: in English Shepherds Purse, Scrippe, or Pouche: and of some Casseweede: In French Labouret, or Bourse de berges: in high Douch Deschelkraut and Herten sechel: in base Almaigne Teskens or Borsekens cruyt.

*The Nature.*—It is hoate and dry in the third degree.

*The Vertues.*—The decoction of Shepherdes purse dronken, stoppeth the laske (diarrhœa), the bloody flixe, the spitting and p \* \* \* \* \* of bloud, Women's termes, and all other flux of bloud, howsoever it be taken; for whiche it is so excellent, that some write of it, saying that it will stanche bloud if it be but only holden in the hand, or carried about the body.

"According to Pliny, 'It carries off bile and pituitous secretions by alvine evacuations' and by Dodoens' day it has been found good to stop the laske; an example of empirical homœopathy, by the way. We also learned from Pliny that injections of it *per anum* induce a flow of blood, and here we have Dodoens declaring that it will stop the 'bloody flixe'; homœopathy again. While Pliny declares it an emmenagogue, Dodoens asserts its power to stop 'Women's termes'—that is when they are immoderate; one gives its physiological action and the other its therapeutical effect, and homœopathy is un-

consciously demonstrated. Dodoens' testimony emphasizes its anti-hæmorrhagic qualities.

"An industrious compiler of the next century, who writes purely as a therapist, greatly enlarges the sphere of this remedy. William Langham, 'Practitioner in Physicke,' published his first edition in 1579, and the second in 1633, and he enables us to see what a rapid enlargement of use the drug had in fifty-four years. He studied brevity, and gleaned from every available source, and his article gives some peculiar glimpses of medical practice two hundred and fifty years ago.

### *Bursa Pastoris.*

1 Bloud to staunch, hold the hands full of it; nose-bleeding, binde it about thy neck and hold thereof in thy hand, and also use it in thy meats, and apply vinegar and water to the secret parts.

2 Spitting bloud, seethe it with Planten and Knot-grasse in raine water, and straine it and drink thereof with Sugar, at morne, noone and even.

3 Bloud to stop, apply the juice with powder of Antimony, or dip an Elderne pith in the juice, and cast on powder of Sumach, and put it in.

4 Chafing in the flanks, wash or bathe with the decoction thereof, or of Planten, or Horse-taile, or Knot-grasse. [Plenty of choice.]

5 Feuer hot, stamp one handful with as much Smallach, and as much Frankincense as a wall-nut, and as much Bay salt, and apply it to the wrists two houres before the fit.

6 Nose-bleeding, apply the juice with Bol armoniake to the temples with the white of an egge.

7 Or mix powder of Bursa pastoris with the juice thereof, powder of Camphire, and Nettleseeds, and make little tents thereof, and put them in, or put in powder of the flower, rynd, and kernels of a Pomegranate with the juice of Bursa pastoris.

8 Teeth-ach, stamp a good handful and apply it to the soles of thy feet.

9 For one that is new bursten, seethe Bursa pastoris, Mugwort, Ribwort, Polypody ana, one handful in a pottle of strong Ale to a quart, then streine it, and drink three spoonfuls fasting, warm daily.

10 Bloud to stop, hold thy hands full of it, and look to the sunne, and be not straight girded.

11 Flowers to stop, put in a pessarie of the juice, and goats dounge.

12 Urine fluxe, use it in thy meats.

13 Bloody fluxe, drinke the juice, or bake cakes of wheat flowre with the juice of it and of Yerrow and Planten ana like

much in the embers, and eat them hote, and drink the juice of them with Red wine warme three days: *proued*.

14 Teeth ach, grind it with Sage and Mints ana, like much, and put it in a linen bag, and hold it to thy teeth, and shut thy mouth, while one may say three pater nosters, then open thy mouth, and let out the glutt, and do so as often as need is.

15 Bloody flux, drinke it with Red wine, or milke, or drinke the juice with twise so much Red wine when thou goest to bed, to heal the flix speedily.

16 The decoction thereof drunk, stoppeth the laska, the bloody flixe, spitting bloud, p \* \* \* \* \* bloud, the flowers, and all other issues of bloud, most excellently well howsoever it be taken, but especially with Red wine or Planten water.

17 Stamp it with Vinegar and fresh Swines grease, to quench all heat of the body, as shingles, etc.

18 The juice alone doth heale a new wound, and stoppeth bloud.

19 Nothing is better to stop the flowers, than to make a fomentation or moist bath thereof, and to sit ouer it close, and to drink of the same clarified in Red wine.

20 Seethe the dried herbe in Red wine, or raine water wherein hot steele hath been quenched, and drink it to all kind of fluxes both white and red, the termes and all other gnawings of the bowels.

21 Nose-bleeding, put in the juice with a tent, and the like into wounds warm.

22 Ears running, put in the juice.

23 Use it in plasters for the sores of the head.

24 Drink the juice for straightnesse of breath, the strangury, to stop reume, and prowoke urine.

25 Drink it with wine against venemous bitings.

26 Seeth it in wine and hony to cure wounds.

27 It helpeth ach of the ears.

28 It preuenteth the fitts of the Feuers being one houre before the fitt.

29 It cureth creeping and running sores, fistulaes, spitting of bloud and matter, the holy fire, swellings and hardnesses, shingles, heat of the stomake, new wounds, hot apostumes, and rheumatike sores, and ulcers of the ears and all kindes of fluxes.

“William Langham had exhausted the literature of his day as thoroughly as he has his modern reader, and yet the chief features of its action remain as outlined by Dodoens. The anti-hæmorrhagic influence is still the most prominent; and, as might be expected, an anti-inflammatory action is noted. The strangury, and the ‘urine flux’ are new features, and are the earliest hints of its real relationship—a sphere which is greatly enlarged by Dr. Dudgeon’s observations.

"Succeeding writers have not been able to add to Langham's gatherings; indeed, Salmon, who is virtually the last of the herbalists, retrenches Langham's voluminous list. The only new application that is to be found is reported by Tournefort from Tabernaemontanus. 'One ounce of the juice of the fresh plant, or two ounces of the decoction of the dried herb, will cure a p \* \* \* \* \* of blood, or a gonorrhœa. Cures hæmaturia and gonorrhœa without fail.'

"That it is peculiarly appropriate to the uterus does not appear from the evidence of the old writers, and one of these, William Coles, ascribes it particularly to the nose, because, he says, most of the hæmorrhages are from that organ.

"In modern times Dr. Dudgeon's paper is by all means the most significant, and besides its use as an anti-hæmorrhagic he calls attention to its efficacy in conditions wherein there is a deposit of uric acid in the urine."

In the "Homœopathic Recorder" for Nov. 15, 1888, p. 249, is the following quotation from Dr. R. E. Dudgeon: "L'Art Medical for July, 1888, contains a paper on this plant by Dr. Imbert-Gourbeyre, which is well worth your careful scrutiny."

In the same journal for March 15, 1890, p. 92, are some cases from practice by Dr. Dudgeon. He says: "I have elsewhere mentioned the power of this substance to affect the secretion of uric acid ('Monthly Homœopathic Review,' XXXII, p. 614), and since then I have seen several cases corroborative of its medicinal virtues in this direction. One, a gentleman, aged fifty-seven, who, in addition to other dyspeptic symptoms, had occasionally large discharges of coarse uric acid, coming away in masses the size of a good big pin's head, but curiously enough without pain. I prescribed *Thlaspi*, which he said soon stopped the uric acid. Nearly a year after this he called on me for a different affection, and informed me that the uric acid had reappeared several times in his urine, but that a few doses of *Thlaspi* I soon stopped it, and it never came to the height it attained when I first gave it to him.

"A lady, nearly eighty years of age, was suffering from the pressure of a calculus in the left ureter, which I knew to be of uric acid, as she had previously passed much 'sand.' The urine showed no sand and was very scanty. I tried several remedies, among the rest the Boro-citrate of Magnesia, but it was not till I gave *Thlaspi* I that a great discharge of coarse brick-colored sand took place, with speedy relief to her pain. At the same time, indeed, I made her drink copiously of distilled water which has a powerfully disintegrating effect on uric acid sometimes, but, as she had already been taking this for several days without effect, I am inclined to give the whole credit of the cure to *Thlaspi*.

"It is not alone in such cases that Thlaspi is useful. Its ancient use as a hæmostatic has been confirmed in modern times and in my own experience, and my friend, Dr. Harper, related to me lately a most interesting cure he had effected by its means of a very prolonged and serious affection. The case was that of an elderly lady who for years had suffered from a large discharge of muco-pus, sometimes mixed with blood, sometimes apparently nearly all blood, which poured from the bowels after each evacuation. She had been many months under the medical treatment of the late Dr. D. Wilson, who at last told her he considered her disease incurable. She then put herself under the treatment of a practitioner who relies chiefly on oxygen gas for his cures; but she was no better, rather worse, after his treatment. She then came to Dr. Harper, who worked away at her with all the ordinary remedies without doing a bit of good. At last he bethought him of Thlaspi, led thereto by my remarks on its anti-hæmorrhagic properties in my 'Therapeutic Notes' in the 'Monthly Homœopathic Review' of October, 1888, and he found that, from the time she commenced using this remedy, the discharge from the bowels gradually declined and ultimately ceased, and there has been no return of it.

"No doubt Thlaspi is a great remedy, and until it is satisfactorily proved, we may employ it with advantage in cases similar to those I have mentioned."

Why should not some members of this Society take up this drug and give it a thorough and complete proving?

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*REMOVAL OF THE GASSERIAN GANGLION FOR THE RADICAL CURE OF INVETERATE TIC DOULOUREUX.*

BY HORACE PACKARD, M. D., BOSTON.

*Introductory Considerations.* — Tri-facial neuralgia of an obstinate and chronic character is fortunately not very common. Those cases which exist in the aggravated form are deserving of our utmost commiseration. From the evidences of pain and distress evinced by patients so affected, it seems difficult to imagine a more exquisite torture. It completely incapacitates the sufferer for work. The shocks of pain are induced by the movements of mastication, or even of articulation. The affection is invariably unilateral. The character of the affection is such that life is in no wise threatened, hence the misery is prolonged for years.

*Medical treatment* avails little or nothing in chronic cases. The prevalent custom of the administration of opium does little more than add to the misery of the disease, the pernicious opium

habit, and possibly plunges an incipient case into hopeless incurability. I have pondered on the question as to whether the early symptomatic treatment of these cases with remedies selected strictly according to the law of similars, may not give results eminently superior to the routine and empirical treatment hinted above. Most of the well known anti-neuralgic remedies are included in the following list: aconite, bell., colocynth, spigelia, ars., chininum sulph., cedron, sulphur, kali bi., chelidonium, ranunculus bulb., kalmia, glonoine, staphisagria, chamomilla, china, stannum, verbascum, arg. nit., mezerium, rhododendron, phytolacca, kali iod., puls., platinum, phosphorus, zinc phos., strychnia.

*Surgical Treatment.* — Cases in which medical treatment has failed invoke surgery for relief. There are three procedures available:

Section of the trunks of the painful branches.

Excision of as much of the nerve trunk as is accessible.

Removal of the Gasserian ganglion.

Simple section of the nerve trunks gives immediate, though transitory relief. Rapid union of the divided ends reestablishes the nerve current in a few weeks; hence this method of surgical treatment may be dismissed as of little value.

Excision of the nerve trunks gives relief for from one to three years, and is the proper surgical procedure to resort to first. All three branches of the fifth nerve are not always simultaneously affected. Sometimes the first or ophthalmic, and second or superior maxillary are subject to pain; and occasionally the third or inferior maxillary with the second, is affected. The supra-orbital portion of the first division is apparently the part concerned in the conducting of painful sensations, for its division where it makes its exit through the supra-orbital foramen, and the excision of such portion of its trunk and branches as can be isolated, gives relief to that region. Access to the second, or superior maxillary division is afforded by exposing it at its exit upon the face through the infra-orbital foramen by an incision parallel with the lower margin of the orbit. The tissues are lifted from the floor of the orbit, and the nerve is divided in its canal. A section an inch or more long can then be readily pulled out through the infra-orbital foramen, and excised. The third or inferior maxillary division is reached by exposing it in its canal, through the maxillary bone. A small trephine opening is made over the course of the nerve, in the ramus just above the angle of the jaw. The opening may be elongated in the direction of the nerve trunk, until an inch or more of the nerve can be exposed and removed.

The immediate effects of this method of surgical treatment are exceedingly gratifying. Comfort and happiness follow, for two to three years, after which pain gradually recurs with all its attendant misery. It is impossible to comprehend how reëstab-

lishment of the nerve current occurs in these cases. It is evidently in one of two ways, either a generation of new nerve tissue between the ends of the resected trunks, or establishment of communication between the nerve terminals of the two sides. It would seem as though the peripheral portion of a nerve, so separated from its central end would, after the lapse of twelve months, so degenerate from loss of trophic influence, that its function would be irretrievably lost. The thought occurs that there is a perversity on the part of nature, in repair and re-establishment of nerve communication in these cases. I have within my knowledge a case of accidental section of the anterior tibial nerve which occurred thirty years ago. There is still numbness in the parts beyond the point of section, showing incomplete and imperfect reestablishment of nerve communication. In these pitiable cases of *tic douloureux* where we desire to establish permanent interruption of current, it is in spite of our utmost endeavors, reestablished on an average in about eighteen months.

With the recurrence of pain and misery, after the performance of the above described operations, there remains only the difficult, severe and dangerous operation which forms the subject of this paper—viz., removal of the Gasserian ganglion. This formidable operation is undertaken upon the theory that with the removal of the ganglion, the trophic influence over the nerve is irretrievably lost, and with it its functional activity is forever destroyed. The permanent value of the operation is still *sub judice*. Insufficient time has yet elapsed to judge whether or not the relief is perpetual. Cases have recently been reported where there has been return of the pain after the lapse of two or three years. Death has occurred as the immediate result of the operation. Total loss of the eye of the affected side has also been a sequel.

The Gasserian ganglion is reached by two methods—that of Rose which exposes the ganglion through the base of the skull, and Horsley's operation whereby it is reached through a trephine opening in the squamous position of the temporal bone.

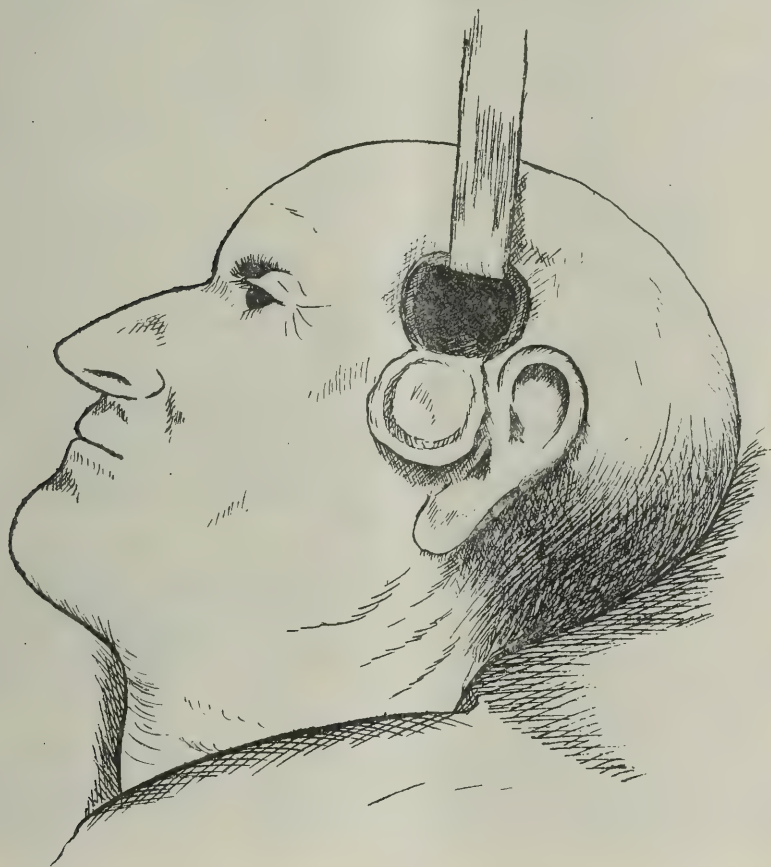
The so-called Krause-Hartley operation apparently differs so little from Horsley's that separate classification seems unnecessary. The skull is opened in practically the same region, through an omega-shaped incision of both soft and hard tissues.

The operation of Rose seems to the writer much more intricate and blind, than reaching the ganglion through an opening in the temporal region. It involves a long incision extending from the malar bone along the zygoma, downward anterior to the ear, to the angle of the jaw, and then along the lower border of the jaw to the facial artery. The zygoma and coronoid process are removed, and the masseter and temporal muscles are detached. All this mutilation is necessary for the exposure of the base of the skull, and the foramen ovale.

## CASE.

Mr. A., age sixty-eight years, was first operated upon by the writer Jan. 23, 1892, by excision of as much as possible of the orbital and superior and inferior maxillary branches of the fifth nerve, on the left side. Immediate and complete relief followed these operations.

In April of 1894, twenty-seven months after the first operation, he experienced return of pain in the left half of the upper lip, extending toward the ear. In September, 1894, he was oper-



ated upon by another surgeon, who evidently sought to expose the mandibular division of the tri-gemini, as it enters the inferior maxillary on the posterior aspect of the ramus. This gave no relief whatever, but introduced an added discomfort through section of branches of the seventh or facial nerve, which resulted in paralysis of the orbicularis oculi, with inability to close the lids of that side.

There seemed no hope of giving radical relief except through removal of the Gasserian ganglion. The dangers of the operation were fully explained, as well as the benefits which might result from it. He unhesitatingly chose to undergo the operation.

His entire head and face were shaven clean, and made aseptic through thorough scrubbing with soap and water, ether, and sublimate solution. On November 10, 1894, the cranium was opened in the left temporal region, through an omega-shaped incision with its base at the zygoma. The cranium was cut through with the aid of Pyle's graduated chisels along the line of the same incision. With the aid of an elevator it was easily fractured at the base and lifted without detachment from the skin flap. In the course of the subsequent steps of the operation, however, it became detached and was thrown aside. This opening exposed the dura mater over an area about two inches in diameter. The dura was easily stripped up from its attachment to the petrous portion of the temporal bone, and was incised near the apex. Much hemorrhage was encountered at almost every turn of the operation after the dura was stripped from the base of the skull, and while no important vessel was wounded, blood at times seemed to well from every direction. The progress of the operation was much impeded by this, and yet plugging with gauze in each instance checked it sufficiently so that after the lapse of a few minutes the operation could be proceeded with. A broad flat spatula was carried through the incision in the dura, and with it the temporal lobe of the brain was lifted to facilitate the search for the ganglion. Presently the roots of the fifth nerve were seen emerging from the pons, and entering the ganglion. The motor root could be easily seen and distinguished and was left undisturbed.

The sensory root was traced to the ganglion, severed, and the ganglion seized with a pair of strong, broad forceps, and evulsed.

In the manipulation of the retractor some of the superficial gray matter of the brain was lacerated, and it was anticipated that some motor disturbance of the organs of speech would follow. There was, however, absolutely none.

The skin flap was restored to its place and sutured with catgut. A small wick of gauze was left in one angle of the wound to provide for drainage. Convalescence was absolutely uneventful.

*November 12*, two days after the operation, the gauze dressing was changed and the drainage wick removed. The dressing was but slightly discolored, and it was odorless. Slight frontal headache, and pain in epigastrium. A small gauze tent was adjusted in the opening formerly occupied by the gauze wick.

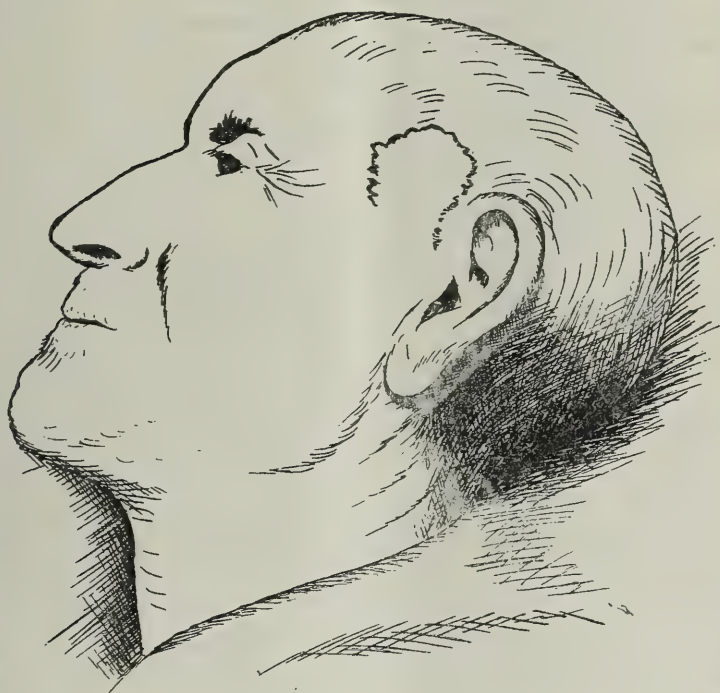
*November 14.* — Dressing again changed, trifling serous discharge, no suppuration. Gauze tent removed and dispensed with. Headache and gastric pain better; taking nutriment well.

*November 18.* — Dressing changed, wound dry; healing by immediate union without suppuration. Free from pain; raises himself in bed without difficulty.

Discharged in three weeks from time of operation and returned to his home, free from pain.

Late in March, 1895, I received a letter from his physician saying that he had entirely lost the sight of his left eye, also that he was suffering severe pain in it, and was beginning to feel sympathetic irritation in the right eye. I advised his return to the city, for enucleation of the affected globe. I anticipated that a panophthalmitis was taking place from disturbed nerve nutrition, but now question whether the whole trouble did not come through constant irritation of the conjunctiva as a result of its continued exposure to irritation from dust and foreign material. It will be borne in mind that he had paralysis of the orbicularis oculi from a previous operation, and that sensation was lost as a result of the removal of the Gasserian ganglion.

I made enucleation of the eyeball and found the internal struc-



tures apparently unchanged, the only pathological condition observable being the enormously thickened and overgrown conjunctiva. He made prompt recovery.

A letter received just as this article is going to press states that the patient is in very feeble health, with much deterioration of vision in the remaining eye. He has had no recurrence of the tic douloureux, but complains of some pain and bad feeling in the head and eyes.

*Closing Comments.*—I have followed the subsequent career of this patient with much interest, and have submitted in the above report an accurate history of the sequelæ. It is true that he has been relieved from his excruciating tic douloureux, but at the sacrifice of one eye, with very threatening disturbance of

the opposite one. The shock to his whole system in undergoing such a formidable operation, as well as bearing the also formidable sequelæ, has been very great.

The operation is *sub judice*, a limited number of cases in the total having yet been reported,—less than fifty, I think. I herewith append a table including all cases which have been reported since Dr. Keene's table was published early in 1894.

TABLE.

Author.	REFERENCE.	Method Employed.	Re-covered.	Died.	Total.
Eskridge . .	{ <i>Amer. Jour. Med. Sciences</i> , Philadelphia, 1894, N. S. CVII, 291-295 . . . . .	Rose's	—	1	1
Richardson and Walton . .	{ <i>Boston Med. and Sur. Jour- nal</i> , Nov. 1, 1894, Vol. CXXXI, pp. 429-432 . .	Horsley	1	—	1
Mixter . .	{ <i>Boston Medical and Surgical Journal</i> , July 4, 1895, Vol. CXXXIII, p. 11 . . . . .	?	1	—	1
Gerster . .	{ <i>Medical Record</i> , New York, June 29, 1895, Volume XLVII, pp. 803, 804 . .	Hartley's	—	1	1
Packard . .	Present case . . . . .	{ Krause- Hartley }	1	—	1
			3	2	5

KEENE'S TABLE \* SHOWED

Method of Operating.	No. of Cases.	Recovered.	Died.	Mortality.
Rose's . . . . .	19	17	2	10.5%
Hartley's . . . . .	19	17	2	10.5%
Horsley's . . . . .	1	—	1	100%
Unknown . . . . .	1	—	—	—
Total . . . . .	40	34	5	—

\* *Medical and Surgical Reporter*, Philadelphia, 1894, Vol. LXX, p. 421.

### HINTS ABOUT EYE STRAIN.

BY W. C. STRATTON, M. D.

[Read before the Homœopathic Medical Society of San Francisco.]

Mr. President and members of the Homœopathic Society of San Francisco: I hope the subject I have chosen may prove of some interest to you. It does seem as if there is but little that is

new under the sun. For instance, the operation for cataract was performed by the ancient Egyptians; Cambyse, the father of Cyrus, King of Persia, promised the half of his kingdom to the Egyptian priest if he would operate on his mother's eyes and restore her sight, which he did, so history says.

Eye strain is not a new subject, and is thoroughly understood, but sometimes overlooked by the busy practitioner. Eye strain is or may be a mechanical result arising from irregular refraction, anæmia, or improper or excessive use of the eyes. Among its causes, ametropia stands first; then the mechanical action of the external muscles, or rather the muscles and tissues surrounding the globe in the orbit and assisting it in its functions, which give rise to such errors as esophoria, exophoria, hyperphoria, nystagmus, ptosis, twitching of the lids, etc. Anæmia induces or increases ametropia to a marked degree.

The improper use and the abuse of the eyes have many attending evils. Eye strain can cause chorea, epilepsy, headaches, nausea, vertigo and other nerve troubles, especially in the morning on rising, and in old people. Still many patients might have those disorders and not have eye strain. Should such disorders persist when the remedies have been well chosen, but the cure not effected, then investigate to ascertain whether the fault may be in the eye or its appendages, because it has been repeatedly proven in many cases that nerve troubles can arise from this cause, with symptoms remote. Chorea and epilepsy are found in children whose brain and eyes have been overtaxed, and in such, eye strain is often the exciting cause.

Case. Boy, aged eleven, usually had one or more attacks of epilepsy a day; it had lasted over a year. Found with the ophthalmoscope a hyperopia of  $2\frac{1}{2}$  dioptries; ordered a +2 D. S. to be worn. From the day he began to wear them has had no attacks and no medicine; this effect has continued for two years. Prof. Roosa and Dr. A. A. Ranney have spoken of eye strain as a good point to be considered in epilepsy.

Headaches. The most fruitful source of this condition is astigmatism; it may be as slight as  $\frac{1}{4}$  to  $\frac{1}{2}$  a degree, and it may keep up a persistent headache for years unless corrected. We get very satisfactory results with this class of patients, whether the error is much or little. Case 2. Young man of eighteen; headache constant, convergent squint and myopic astigmatism, obtained perfect relief with a -0.75 cax.  $75^{\circ}$  O. D., eyes turning to the normal position while wearing the glasses; the squint came while he had pertussis when about one and a half years old.

Squint often occurs in children who have hyperopia, or it may come from the anæmia following attacks of scarlatina, diphtheria, typhoid fever, pertussis, meningitis, and parotitis;

it may be a paralysis of the third, fourth or sixth nerve, or only a weakness of the recti muscles from a recent illness. In those cases where the eyes cannot fix, or remain fixed on the desired point without the aid of prismatic action I should suggest gelsemium, lachesis or iodide of potassium, with the assistance of Otis Clapp & Son's Malt and Cod Liver Oil, especially following diphtheria, or if after a loss of fluids from the system I use their Elixir of Beef. Others may require applications of a very mild galvanic current applied for a short time, and at lengthening intervals. If these do not relieve then they must wear glasses. As a last resort the muscles may be cut.

Headaches may be supra-orbital, frontal, vertical, temporal or occipital. Hyperopia next to astigmatism is the most frequent cause of headaches; esophoria and exophoria are causes also, and may be of very slight degree or severe. Case, Mr. B. Had been under constant treatment for headache. Vision 20-10 O. D.; ordered prisms, base in,  $1^{\circ}$  for O. D.; headaches would stop instantly by putting on his glasses when tired, then could continue his work draughting, working on very fine lines either by day or evening.

Again we find the nerve filaments in the rods and cones of the retina are over sensitive; when we have such a condition, we may have to neutralize the offending color in the rays of light. Case, Mr. X., bookkeeper. Eyes very sensitive to light; had been ordered to wear London smoked glasses on account of the frontal and occipital headache; had photophobia, lachrymation, conjunctiva injected, lids swollen and red. Took off the London smoked glasses, gave a light arundel tint to neutralize the yellow in light; had the gaslight in his office moved to another part of the room with perfect relief from all symptoms. He wore the arundel tints for about two months, then did not require any glasses.

Case, Mrs. K., aged fifty-four. Had been fitted by good oculists, but I found that same condition, also a weakness of the nerve filaments, and muscular asthenopia. Gave the  $+2.75$  D. S. prisms  $1^{\circ}$ , base outward and arundel tint with perfect relief; before that she could not read, write or sew evenings; after that could do so with no discomfort.

Study the surroundings of your patient, either old or young. The nurse girl may wheel the baby coach around in the sun, the baby lying so that its eyes catch the colored light from a canopy of red, yellow or white—bad colors for its eyes; maybe a long fringe dangles from the edge of the canopy, causing lights and shades, fine things to develop eye strain or astigmatism. Again poor light, bad ventilation in the school room, where the child sits while studying, or the position that the child takes when bending over its books, may and do cause

much myopia. The person also suffers who has rays of light from the sun, gas or electric light striking directly, for any length of time, on the cornea, or on paper or a white surface, thence reflected to the cornea, causing photophobia, hemorrhages of the retina, asthenopia with or without conjunctivitis; sometimes excessive lachrymation, redness of the lids, or stytes.

**Nausea.** Nausea on rising in the morning. Case, Mrs. H. Had been treated allopathically for several years and has devoured all kinds of prescriptions for sick headache, nausea and morning vomiting for years. Correction of astigmatism has given her a new lease of life; no headaches, nausea or vomiting.

**Vertigo.** Case, Mrs. —, seventy-two years of age. Vertigo and nausea every morning on rising, also on getting up from her seat. The arundel tint stopped it at once, as well as the conjunctivitis and lachrymation.

When eye strain is found in a depleted system, it is well to build the patient up. Case, Mrs. T., thirty years of age; July 22, 1891. Has been under five allopathic oculists for over five years; was nervous, anæmic, had leucorrhœa, cried a great deal of the time, did not want to go out of doors or into the light because of headache and photophobia. She was wearing a  $-2.75$  cax.  $90^{\circ}\text{C}+3$ . D. S. I gave her kali. phos. 12x, one grain once in three hours, and the Elixir of Beef, a tablespoonful after meals and at bedtime.

August 20. Symptoms have improved so much that I continued the same remedies, but changed the glasses to a  $-2$  cax  $90^{\circ}\text{C}+2.25$  D. S.

September 8. Again from continued improvement of vision changed to  $-1$  cax  $90^{\circ}\text{C}+1.75$ .

October 20. Changed to  $-0.75$  cax  $90^{\circ}\text{C}+1.25$  D. S. Vision O. D. 20-10 or reads J. 1 from 7" to 21". This glass she has continued to wear ever since. She took the Elixir of Beef and kali. phos. about five months. She wrote to me saying that she had been delivered of a healthy child, and is able to sew for the family, reading or doing any kind of work with her eyes that she wishes, and continues to enjoy good health.

**Improper or excessive use of the eyes.** Many persons read lying down—stop it if you can! Reading in the cars where lights and shades follow each other quickly tires the power of accommodation; this habit is followed day after day by children going to and from school, by the business man reading his paper, by the doctor reading some new plan to cure the crowd, by the lady reading a novel; many seem pushed for time and peruse their articles regardless of the quality of the light whether almost dusk, or the brilliant lamps of the cable cars. Many go to a spectacle seller and buy the wrong glass, many times getting a pair from one to two dioptries too strong, because they

magnify so well, that they think at the time that they have a bargain, but it may prove a very poor one, because it may cause irritability of the ciliary muscle, with loss of the power of accommodation, with impaired vision.

Again some adjust the glasses on the nose too far from the eyes. Case, Mr. C., age fifty-three, is only one of a host, suffering with constant headache; has a large stock of glasses on hand; is wearing a +5. D. S. Ordered a +3.50. It stopped the headache, vision improved, and after four months range of accommodation increased. These people complain of a blur or mist before their eyes and wonder what causes it.

Guard against overwork, overstudy or too much reading or embroidery by girls especially at the age of puberty or in nervous subjects at the menstrual period. Urge more exercise in the open air, and plenty of fresh air. The muscle of accommodation becomes weakened with the general system, then ametropia is revealed or discovered by the strain that the eyes receive because that assistance rendered by the accommodative power is also involved. I have seen the overworked person rest and that power was restored to them, the eyes doing their work properly again. Case, in March, '92, lawyer, age twenty-four. Studies and labors until late at night. Vision 20-70 O. D. He rested two weeks; gave him Malt and Cod Liver Oil, O. C. & S., and gels. 30x, eight pills four times a day and ordered pearl gray glasses. Vision

R. V. 20-70 W. +0.50 cax.  $90^{\circ}\bigcirc + 1.25 = 20-20$

L. V. 20-70 W. +0.50 cax.  $90^{\circ}\bigcirc + 1.25 = 20-20$

Astigmatism of  $2^{\circ}$  with the rule; followed this treatment for three months then ordered gymnastics too. In August, '92, gave lachesis, 200th. He then discontinued the Malt and Cod Liver Oil. Dec. 22, 1892. Now reads 20-10 both eyes or J 1. from 7" to 22"; discarded all glasses, and stopped the lachesis. August, 1893, the eyes continued all right.

Removal of growths located under the orbit on the cheek or nose, may be a relief to the patient, because many times after their removal the vision will be improved. Trimming on the edge of wide brimmed hats, or hair allowed to hang down too low over the eyes of small children will tire the external muscles of their eyes and so encourage the development of squint or astigmatism. Instruct intelligent mothers to hold at a proper distance from the child's eyes, as soon as it is old enough to notice objects, the primary colors, so as to develop the visual purple of the retina, because their sense of sight will be better perfected. If it is done I think color blindness would be rarely found.

In conclusion I would say, the physician should consider it

his duty to criticise the surroundings of his patients in regard to preserving and improving their sense of sight; as well by visits to the schoolroom or office, as in their homes. By doing so, boldly correcting existing errors, and giving timely advice, he may be able not infrequently to avert impending trouble.

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*A CASE OF DOUBLE CONGENITAL CATARACTS, ASSOCIATED  
WITH A DISINTEGRATED AND LIMEY CONDITION  
OF THE BROKEN-DOWN LENS SUBSTANCE  
OPERATED UPON SUCCESSFULLY.*

BY FREDERICK W. PAYNE, BOSTON.

This case is reported not alone for the satisfactory result attained by the surgical means employed, but on account of the aid from the simillimum, that converted an apparent failure into a glowing success.

Miss C., aged thirty-eight, was one of two in a family, blind from birth from congenital mixed cataracts in both eyes. The case is one of unusual interest, inasmuch as she had obtained her education at the public schools and elsewhere, through means of the senses of hearing and touch; the sense of sight, in the left eye, aiding her in the distinguishment of colors only, when placed in a favorable light for so doing; while the right eye perceived only light and darkness. She had consulted several oculists, who not only gave her no encouragement as to a favorable prognosis to be attained by surgery, but, on the contrary, discouraged her from attempting its application, as being hazardous in the extreme.

On ophthalmoscopic inspection, under atropine, the area of both dilated pupils was found to be occupied by an intensely white mass, studded throughout with whiter, glistening particles, giving evidence of calcareous degeneration, although the extent to which this disintegration had extended was not apprehended till after the second operation. On account of the perceptive sensitiveness of the left retina for colors, and her acuteness otherwise to the presence of shadows passing the visual area, I was led to believe that if the intervening obstruction that occupied, and seemed confined to the crystalline lenses, could be removed, so that unobstructed light should be permitted to enter the globe, the retinae would probably prove sufficiently healthy and normal in tone to allow of the use of the sense of vision, of which she had all her lifetime been deprived.

The first operation was that of the suction method, and was applied to the right eye alone; this eye being chosen for the

experiment, as it was apparently the less useful. The operation was made, being assisted by my friend, Dr. L. H. Kimball. Having thoroughly cocainized the eye, the cornea was punctured at its superior aspect by a bent, triangular keratome, and the lens substance, which consisted of a disorganized, pasty, cohesive, mushy mass, was cut across, and incised several times with a cataract needle, with the hope of breaking up, and thus facilitating the withdrawal of the mass, by the use of Teale's suction apparatus; in this process we were mainly unsuccessful, being simply able to remove a little separated, tough, cohesive material, which clogged the nozzle of the instrument. Seeing that procedure on this line was useless, further efforts were discontinued, and the eye was allowed to heal, which it did rapidly.

In a month following the first operation, the second was done, which consisted in the main, of Von Graefe's modified linear incision, with iridectomy combined; afterwards cutting the anterior, shrunken and toughened capsule, and coaxing out the disorganized lens substance, by nicely regulated pressure and counter-pressure, manipulating the lids back and forth upon the globe, toward the incision in the cornea, thus gradually coaxing out the broken-down lens substance. After the débris was entirely removed, it was found that the posterior capsule of the lens was occupied by a condition of complete, calcareous degeneration; lime being abundantly present in its substance, and extending backward in a line toward the centre of the vitreous body. Notwithstanding the entire lens substance had been removed, it was found that the want of visual acuteness was scarcely benefited at all, and that the operation would prove useless for purposes of vision, unless the posterior capsule, with the calcareous concretions in its substance, and behind it, should also be removed. Preparatory to attempting this hazardous undertaking, carefully fitted compresses of absorbent cotton, arranged in the form of a pad, so as to conform to the shape of the eye and external orbit, were made and kept close at hand, with reference to immediate application should the vitreous body exude, as was feared it might do when the partition wall was torn away. This precautionary measure proved a most important one, as subsequent events revealed.

A small, sickle-shaped, blunt hook was selected as the instrument with which to remove this intervening mass. The hook, after having been carefully introduced, making sure of its relative relation with the direction and position of the incision, was caught into the centre of the degenerated posterior capsule, and gradually and carefully rotated upon itself in such a way as to roll up and gently disengage the peripheral limits of the

membrane and suspensory ligament; when suddenly a spasmodic contraction of the muscular apparatus of the globe ensued, causing a gush of fluid vitreous, bathing the instrument and partly filling the orbital depression, making it necessary to hastily remove the hook, and together with it the degenerated capsule of the lens, already engaged in its grasp, leaving a small quantity of limey tissue within the outer angle of the wound. An immediate application of the already prepared compress was hastily made, and the eyes bandaged with a flannel roller.

The presence of the lime left in the wound gave apprehension that the coaptation of the corneal flap might be interrupted, and a fistulous opening result; however the eyes were kept bandaged for the four succeeding days, and dressed twice each day. During this time the eyeball felt very sore and had stabbing pains through it, which, however, grew gradually less frequent and severe, till the fourth day, when they ceased. At the time of the repeated dressings of the eye, the parts were bathed with a weak solution of calendula and warm water, and calendula 30 was given internally. On the fifth day the bandage was removed and the eye examined, with reference to the coaptation of the corneal flap; the cicatrix proved to be firm, and the limey substance absorbing.

On the sixth day she was allowed to open the eyes in the dark, and she could discern objects and distinguish forms; the only illumination used being that of a candle flame held above and behind the patient's head; otherwise the room was made as dark as could be had, covering all crevices through which a ray of light could pass, for the slightest exposure to a pencil of daylight caused intense sensitiveness and suffering; for we were dealing with a retina that never had been used for purposes of vision, and, naturally, had been accustomed all her life to a much subdued and imperfect light. On the seventh day, with a shaded candle-light held behind the head, she was permitted to look for a moment through the +15 D lens from my ophthalmoscope case, as the illumination from the candle was, momentarily, allowed to fall, and she saw "the doctor's face with overwhelming distinctness."

During the next few days lights were even more distressing and dazzling than before, and white light, even that from the white counterpane on her bed, or handkerchief in her hand, caused so much distress that a dark covering had to be substituted; lachrymation became very abundant and irritating, with a feeling accompanying as if something acrid had gotten into the eye. She was, however, much less sensitive to the stimulus of artificial light than to daylight. For these symptoms she got graphites, with the most astonishing results, so that in the

course of a week the symptoms of irritation and lachrymation had greatly subsided, but the retinal sensitiveness especially to daylight, and pencils of daylight, continued.

Under the proving of the eye symptoms of graphites is found the following, viz.: Great sensitiveness to daylight especially, much less so to artificial light; an aggravation from the light from a white surface; much lachrymation, and smarting sensation, as if something acrid had gotten into them.

A systematic exercise, with reference to a gradual exposure of the eyes to the stimulus of daylight, was instituted, beginning in the dusk of evening, and, as the eye got gradually stronger, she would amuse herself by the hour watching the leaves on the trees moving in the wind, a sight that delighted her on account of its newness, as much so as would be the case of a child with a pleasing toy.

For a time she was much annoyed and discomforted when looking at bright objects, such as the reflected light from a mirror, or that of any circumscribed illumination, on account of the luminous image being retained on the retina; this retinal image remaining and bothering her for some minutes at a time, and, temporarily, greatly interfering with visual ability; owing to the existence of the above symptom, combined with the fact of some remaining sensitiveness to white light, she was given tabacum, with decided relief.

Four weeks after the second operation, a lens of +6 D, for distance use, was given her, and used during the summer. Her sight, during this time, as she stated it, "was a steady growth, and a constant delight," and the eye, which at first looked contracted, grew full and round, with a blue iris and clear, dark pupil. The nystagmus which was markedly perceptible during her whole life, improved materially during my three months' absence, so that her eyes were noticeably much more under control and able to fix themselves on objects looked at, with considerable steadiness, and vision for distant type and objects had decidedly improved.

In September, on the day following her thirty-ninth birthday, the left eye was operated upon, valuable assistance being rendered by Dr. Kimball. The eye having been placed under the influence of cocaine, the same precautionary measures were observed to prevent extrusion of the vitreous humor, should eye spasm supervene, as was the case in the operation upon the right eye. Von Graefe's modified linear operation, combined with an iridectomy, was performed, and a similar disorganized lens substance removed, as was found in the right eye. The operation thus far had proceeded without pain. Occupying the whole posterior lens capsule, and extending back into the vitreous body, was a similar state of calcareous degeneration

of the tissues, with extensive deposits of limey concretions, making their presence manifest by the clicking sound occasioned by contact with the instrument. The same method of procedure was deemed requisite in the removal of this intervening, degenerated tissue, as was done in the other eye; hence, having steadied the eye with forceps, holding the conjunctiva at each side of the horizontal meridian, close to the corneal margin, the small sickle-shaped, blunt hook was introduced into the anterior chamber, making sure of its relative relation to the incision in the cornea, so that, if hasty removal was necessary, the point of the hook would be prevented from catching and holding in the neighboring tissues, and in this position it was brought in contact with the membrane. Just as this tissue was punctured, with reference to being rolled upon the hook, a sudden spasmodic contraction of the ocular muscles occurred, accompanied by severe pain in the eye; the muscles of the face and eyeballs twitched convulsively, and teeth chattered, so that I was obliged to pause and remove the instrument, allow the eyes to close, and await a recovery of the composure that was necessary for procedure. The patient being of a decidedly nervous temperament had awaited the time of this second operation for three months, with anxiety and dread, fearing not only the physical suffering attending it, but with forebodings as to the result; so that when the time arrived for the operation, she was in a highly excitable condition, both physically and mentally. Anæsthetics would have been administered had there not been apprehension concerning the state of the heart, which gave evidence of hypertrophy. After a short rest, she became quieted, and, under the additional use of cocaine, the degenerated, limey posterior capsule was removed, and then, with renewed spasm of the globe, came a gush of abundant fluid vitreous, bathing the hollow in the orbit and surroundings so copiously as to cause serious apprehension that collapse of the globe, or detachment of the retina, or both, would occur. The daylight flashed into her eye, as the foreign substance was removed, affecting her painfully, like the glare of an intense electric illumination. Compresses, already carefully prepared, and shaped to fit the contour of the eye, were hastily applied, and the eyes bandaged. The following day and night severe stabbing pains occurred, with "a feeling as if cords were fastened to the centre of the eye, and, occasionally, jerked inward and sideways toward the nose, followed by a relaxing sensation"; "painful crashing, as if something was breaking within the eyeball"; these symptoms came in remissions and exacerbations; again, the eye felt "as if stretched open under the bandage" and an attempt to close it would cause pain; "eye feels as if badly bruised." When removing the

bandage for the purpose of dressing the eye, a feeling of softening of the eyeball was induced, with a sensation as if it would drop out; this discomforture was followed, on the second day, by a sense of great relief from removing the bandage, so much so that on the third day following the operation, the bandages were omitted, the lids being simply controlled by strips of gold beater's skin stretched across from lid to lid.

On the sixth day after the operation, she was permitted to open the eyes, for a moment, in the dark. Nothing was discernible from this eye, excepting an objective appearance as of a dense, reddish-brown mist, resembling wavy, somewhat illuminated smoke, moving and quivering as the eye moved, and entirely obscuring the perceptive ability. Sleepless nights, and much pain in the eyes and head followed. I prescribed calendula immediately after the operation, but changed, on the following day, to arnica, owing to the extreme, bruised soreness existing, and the severity of the suffering became considerably modified.

The eye was always more comfortable in the morning, and invariably worse during the evening and at night. Patient had intense thirst, mouth feeling heated; great desire for very hot drinks, and felt better from them; eye, and general condition markedly relieved while, and after, taking very hot drinks; had chilly feelings running up and down back and limbs; was very nervous; aggravated by noise; had a desire to cry, but she mainly controlled it by much effort of the will; eye lachrymated much, and felt at times, during the night, as if it bounded outward, being held there several seconds, and then followed by a sense of relaxation and relief. Mouth was parched, and she developed herpes on the lips. Eyes were very unsteady, finding it almost impossible to fix an object; the nystagmus motion caused the eyes to jerk and twitch upward and downward, to the right and left, also rolling and quivering.

Two days after her first attempt to see, the red mist in the visual field had assumed an appearance in shape as of a large half moon, nearly covering the visual area, swaying before the eye at each effort at seeing. The lid drooped; and she had but slight control over it; had pain, with a scratching, prickling feeling in the eye, greatly increased on lying down. The least ray of daylight dazzled and affected the eye painfully. Prescribed *silicea*.

*Silicea* was chosen on account of the combination of symptoms, under its proving, of aggravation in the evening, and at night; aggravation from daylight; aggravation on lying down; aggravation from noise; aggravation while eating; great desire for hot drinks, and an amelioration from them; dense blackness, at intervals, passing the visual field; chilliness, amount-

ing to a shuddering, running over back and limbs. All these symptoms are under the proving of silicea, and form a very expressive group, and as such, gave strong promise as a picture of the simillimum.

During the first two days, after the prescription, she had flashes of brilliant lights, travelling rapidly across the visual area, by spells, both when the eyes were open and shut; these flashes being followed by short intervals of dense blackness; sometimes little semi-circles of light would start from the inner angle of the eye, and float across the field to the outer side, following each other in rapid succession; this condition usually began in the early evening and continued till she fell asleep. At the end of this time she had less watering of the eye, and the density of the red mist had noticeably lessened; she reported having had "the first painless night since the operation, having slept till 8 a. m."; prickling feeling gone, when quiet, but, on attempting to look, had pain; the eyes not coördinating well, the left being somewhat convergent. In the dark, with the eyes open or shut, had an illuminated appearance, that vibrated and quivered with every motion of the eyeballs. Continued silicea.

Ten days after this her vision had markedly improved, both in the ability to discern objects, and in a degree of steadiness in the visual field; the half moon-shaped, red mist had become broken in upon by streaks of light; eye smarted, as if something acrid had been poured into it; lachrymation was worse on eating; eye was still somewhat painful at night, commencing earlier in the afternoon; was sleeping better, but needed head high, supported on three pillows; was still craving hot drinks, and eye was relieved thereby. Continued silicea.

The eye continued to gain, in both sensation and strength, though the pupil was gradually being misplaced upward, and finally occupied a position so far beneath the upper lid that vision was greatly curtailed thereby; the dark cloud before the eye continued to decrease in density and area, gradually disseminating into fragments, through the interstices of which vision was getting clearer; the visual area was now striped off into bars of alternating white and dark lines, converging towards its centre, like the spokes of a wheel; there was still some consciousness of a vibratory condition of the intra-ocular media, when the eyes were in motion, although much improved over the former state; diagonally across the inner visual area was a dense shadow, through which she was beginning to see imperfectly; the whole field of vision seemed tinged with yellow, so that everything partook of that color in its appearance.

As vision still further improved, the state of reddish and yellow obscurity resolved itself into an appearance and sensa-

tion to her as if the eye was full of a liquid, in which were numerous black specks, of no uniformly defined shape. The alternate bands of white and black crossing the visual field became reduced to an appearance like this  $\times \times \times$  and sight was correspondingly better. Saw, at times, little rings of white, followed by rings of intense blackness, floating across the visual plane; with the eyes closed she had a hazy appearance, with bright blue, or violet color in the field. The sense of pulling and tension in the eye continued, and was probably largely induced by the position of the iris, in consequence of the misplacement of the pupil upward; the sense of tension interfering considerably with the comfortable coördination of the eyes. The eye was still sensitive to the daylight and she was obliged to gradually expose herself to its influence, every morning, before bearing it well. Continued silicea.

Flashings of light ceased, and there remained nothing of the smoky, reddish mass, but two little, brown spots, each surrounded by a thin, white mist, like steam, through which she could see objects; vision generally, although curtailed by the misplaced position of the pupil, was steadily clearing; all appearance of hyperæmia of the conjunctiva and sclerotic having disappeared.

Five months after the last operation, one for an artificial pupil was made; a suitable distance was first measured off on the radius of the cornea, with reference to approximating a size suitable for a pupil; an incision in the cornea was made by means of a bent, broad needle; the iris was caught on a Tyrrel's hook and withdrawn, with reference to cutting off a sufficient portion of the iris, so as to leave a suitable sized opening; the result was a clear, black pupil, unfortunately having been made a little too large for its cosmetic effect, but with the merit of materially improving the visual acuity, and relieving all the sense of drawing and tension, of which she had so long complained. The vision in the right eye correspondingly gained, as the tension in the left iris was relaxed by the relief to its stretched radiating fibres by the operation; but she was gradually developing an homonymous diplopia, especially marked when in the recumbent position, the comparative appearance and situation of the object looked at being smaller, and somewhat below that seen by the right eye. She had been reading for some time with spherical glasses, but it seemed important to correct the existing astigmatism, and to make an effort to control the remaining nystagmus, so glasses were selected as follows:

R. +10.00=cyl. +0.50 ax. 90°

L. +10.00=cyl. +0.50 ax. 90°

by which vision was materially improved over the former state:

she was able to read and write considerably daily, although, of course, a scholar in the rudimentary efforts in this direction, for it must be remembered that we were dealing with eyes that had never been useful for purposes of vision, and that the shape and appearance of things and letters had to be learned; the diplopia remained, to a degree, uncorrected.

The difficulty in adjusting glasses in such a case is apparent, when we consider the fact of the unsteadiness of the eyeballs, and she was less able to fix objects when conscious of a necessary effort in that direction, and this consciousness was unavoidable, of course, when making tests for glasses; there was also a large amount of involuntary and spasmodic accommodative power existing, probably due to spasm of the extrinsic, ocular muscles; at one time one number of lens seeming best, and again another. The eyes and general state were much worse at the time of the menses, covering a period of five days, when she was very lachrymose, cried when sympathized with; had much sinking, gone feeling at stomach; at times, as she expressed it, "The joy of seeing is almost more than I can bear, and then I am filled with gloomy fears that I may not always see; at these times my eyes feel badly, and I am inclined to be alone." Prescribed *pulsatilla*, with great relief to the whole train of symptoms.

The diplopia continuing unrelieved, I made another choice in glasses, and added prisms of  $4^{\circ}$ , before each eye, with the bases placed inward. The glasses for the distance were

$$R.+7.00=\text{cyl.}+0.50 \text{ ax. } 90^{\circ}$$

$$L.+4.00=\text{cyl.}+0.50 \text{ ax. } 120^{\circ}$$

This arrangement made objects of uniform size, relieved the diplopia, and increased the visual acuity to  $\frac{3}{4}$ . For reading, the following lenses were prescribed, with the same combination of prism power as for the distance glasses, viz.:

$$R.+13.00=\text{cyl.}+0.50 \text{ ax. } 90^{\circ}$$

$$L.+10.00=\text{cyl.}+0.50 \text{ ax. } 120^{\circ}$$

This arrangement permitted reading with more steadiness and clearness, but the necessity for holding the book nearer than normal reading distance was requisite, owing to the fact that weaker lenses did not permit of sufficient visual clearness as to warrant their use.

About three months after the last selection of glasses, she reported, notwithstanding her vision was steadier and better than ever before, that she had been gradually developing spells, especially during the time of the menstrual periods, when the visual field became blurred, as if she was looking through a yellow haze, merging, at times, into a condition of complete blindness or blackness before the eyes, lasting sometimes for fifteen minutes; as she recovered from these attacks, and sight

returned, she had an appearance as of threads or hairs before the eyes, and objects looked distorted, becoming normal in appearance, however, when the attack had passed. At these times, she is in a condition of great general nervousness, with numbness of the hands and feet, and a sense of lassitude, especially in the extremities. Prescribed alumina, with much benefit. She speedily overcame the yellow look in the visual field, and spells of blindness or blackness, and the whole nervous disturbance was dissipated. Her vision became so good that she could see at night, with a dark veil over her eyes.

I wish to call particular attention to the wonderful efficacy of silicea in this case; an influence so wonderful as to overcome an evident extensive detachment of the retina, with subretinal effusion. This detachment of the retina was the complication that followed the loss of the vitreous humor at the time of the operation. Retinal detachment is always considered a very unfortunate complication and a serious lesion; after such an occurrence, vision is, at best, always defective, and an extension of the detachment almost certain to occur, so say and write expounders of the "regular" system. The efficacy of well-selected remedies was, without doubt, auxiliary to and supplemental in permitting the condition of useful vision she now enjoys.

Eight years have passed since the last operation, and the eyes have continued to gain steadily in strength and usefulness in the interim. Occasionally a remedy has been prescribed, but no serious complication has arisen, and she is able to do now what others naturally expect to do with the sense of vision.

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BUT WHAT IS THIS WONDROUS KOLA NUT?—The *Medical Age* describes it as merely the seed of a tree indigenous to tropical regions, possessed of properties identical with those of coffee, tea, guarana, and Paraguayan maté. The chief active principle is caffeine, of which there is about 2.5 per cent—about one-half the yield in tea, and slightly greater than in roasted coffee; an infinitesimal amount of theobromine; 1.5 per cent tannin; and starch, cellulose, and the ordinary constituents of seeds. It is a product so "new" that it was described as early as the sixteenth century; and its virtues at that period were so thoroughly tested in Europe, that it was speedily relegated to desuetude. The observations made by Surgeon Frith, in the habitat of the nut, on British soldiers (1889), proved that kola is in no sense a food, that it does not affect the output of nitrogen from the body, and that while it possesses some slight power when taken continuously under exertion or during fasting, it is far from being marked in warding off the sense of hunger and fatigue, and really inferior to tea. — *Sanitary Era*.

**EDITORIAL.**

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*AN ENCOURAGING SIGN AND A GOOD EXAMPLE.*

In the August issue of the Gazette attention was called, in an editorial note, to the revival of interest in the improvement and further development of the materia medica evidenced by the formation of the American Materia Medica Association. Additional manifestation of the growth of an earnest desire to develop our therapeutic resources by commendably energetic investigations in the realm of drug pathogenesis is found in the "Pacific Coast Journal of Homœopathy" for August, which contains an article entitled "Some Provings on Women," by Dr. Susan J. Fenton. On another page of this issue of the Gazette may be found these provings which it gives us great pleasure to reprint. The drug experimented with, *viburnum*, is widely known, and is extensively advertised by manufacturing pharmacists as an especially useful remedy for dysmenorrhœa. Homœopathic therapists, as specified by Dr. Fenton but omitted in our reprint of her report, unanimously recommend the use of the drug in dysmenorrhœa, spasmodic or membranous. Only a few provings of the drug have hitherto been made by women, the use of the drug being based chiefly on empirical or clinical foundations. Since the drug's sphere of usefulness seems to be in pelvic disorders of women it is peculiarly appropriate that it should be exhaustively proven by women in order that its relationship to the difficulties it is said to correct may be well established. Therefore the series of provings to which we call attention should be not only cordially, but doubly, welcomed. First, because the work was courageously and well done by women. Second, because the provings go far towards demonstrating the homœopathic relationship of the drug to the conditions it is credited with curing.

There are certain points connected with these provings which deserve special emphasis, and possibly also a few lessons may be learned from careful study of them.

The provings emphasize the importance of provers remaining in ignorance of the drug being experimented with.

They illustrate the value of, and necessity of using, a control test, since some of the experimenters experienced symptoms so marked in character from "discs saturated with alcohol" as to cause them to withdraw from the experiment before they had taken any of the drug itself.

These provings conducted on this scientific basis demonstrate the wisdom of retaining in our symptomatologies only those symptoms which are "congruent and concordant," as long ago seriously urged by Dr. C. Wesselhoeft.

They also demonstrate the eminently practical results of drug-proving by women. This, while always recognized as a necessity, has not been as widely practised as it ought to be. The success of this series of provings should encourage women to continue the work.

The provings also show that it is necessary, with some drugs at least, to resort to material doses of the drug itself in order to produce drug-symptoms, the potencies being inert as far as provings are concerned. In the instances under consideration certain heroic provings were made, prover Number IV taking one drachm doses of viburnum tincture, hourly, with the result of producing marked symptoms and being incapacitated for work for a short time. Courageous work of this sort is distinctly praiseworthy.

A valuable element of precision might have been added to the report by presenting the "day books" of the provers in place of the somewhat revised records. It is impossible to be too exact in stating the size of doses taken, the total number of doses taken, the frequency of repetition, the chronology and relationship of symptoms, and all such minutiae, the conductor of the investigation simply vouching for the reliability of the records without revising them except in the interests of clearness and conciseness of statement.

A good example has been set by Dr. Fenton and her co-laborers. Such work is sadly needed. There is enough of it to be done, and methods of doing it are well established. No other line of work promises so well for the scientific reputation of homœopathy, and no other line of work offers such grand opportunities for accomplishing something of lasting credit to

the workers and benefit to humanity. Dr. Fenton deserves high praise for her work, and there is no better way of showing appreciation of that work than for others to follow her good example.

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### EDITORIAL NOTES AND COMMENTS.

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THE TOLERATION OF THE HEART to severe manipulation has been confirmed by many well-authenticated instances of recovery from serious accidents to the cardiac tissue, and from operations upon the heart itself, and it is now proposed to utilize this toleration more freely and to more definite ends than in the past. There may be found in the Index Catalogue of the Army Medical Museum records of twenty-two cases of direct injury to the heart, all of which lived over three hours; seventeen lived over three days, one died on the fifty-fifth day, and there were three well-authenticated recoveries. Frederick Treves refers in his "Applied Anatomy" to several cases of recovery from gunshot and other wounds to the heart. Purple reports a case of wound of both ventricles corroborated by postmortem examination made nine years afterward. It has in fact been proved by numerous reported cases and by laboratory experiments that puncture of the heart is not in itself necessarily fatal. Death in such cases is commonly due not to the heart injury but to the effusion of blood or serum into the pericardium and the consequent interference with the heart's action from mechanical pressure. The "Therapeutic Gazette" in an editorial in a recent issue calls attention to the subject of "Cardicentesis," and from this article the following quotations are made.

"Church observes, since death is usually due to pericardial effusion, incision and drainage of the pericardium may sometimes save life; and since the heart has shown itself more tolerant of mechanical interference than is generally believed, it may become amenable to a variety of conservative or life-saving operations.

"Cardicentesis, as proposed by Westbrook, of Brooklyn, was performed as a means of giving more immediate and permanent relief to an overburdened right heart than could be obtained by venesection. He favored puncture of the right auricle, the needle being driven into the third interspace to the right edge of the sternum.

"Roberts, Dana, and others advocate puncture of the right ven-

tricle. Watson, after an experimental study of the subject, states that puncture of the heart, especially the right ventricle, stimulates muscular contractions, and may be advantageously employed in the treatment of chloroform narcosis. The best results are obtained when abstraction of blood from the cavity is combined with the stimulating effects produced by the entrance of the aspirator-needle. Puncture of the right ventricle is a safe and more efficient operative procedure than puncture of the right auricle; a chief reason for this being that, since the wall of the auricle is thin, there is some danger of blood escaping.

“Sloan (*Edinburgh Medical Journal*, No. clxxvi.) reports an unusually successful case of cardicentesis. The patient suffered from an attack of erysipelas. Following this there was an acute outbreak of rheumatic fever, with peri and endocarditis. Symptoms of pericardial effusion were well marked. The heart-failure was progressive until the pulse was uncountable and hardly to be felt, the face livid, pale, the body bathed in cold perspiration, and the changing, startled expression of impending death noticeable. On the injection of 30 minims of ether the pupils dilated and the pulse became still more feeble. The ether injection was repeated. Shortly after the heart and respiration stopped. Sloan at once plunged the needle of his aspirator into the fourth interspace, about half an inch to the left of the sternum and a little below the left nipple. About ten ounces of pure blood flowed rapidly into the bottle of the aspirator, and then suddenly stopped. It was evident that the ventricle had been penetrated. The canula was slowly withdrawn, the nurse being told that the patient was dead, when the heart gave several irregular contractions and then began to beat. For one hour after this the patient would shriek at intervals, would half cough, and vomit quantities of frothy mucus, the countenance becoming alternately ashy gray and then purplish in hue. The pupils were dilated to their fullest extent, the running pulse uncountable, and the patient had every appearance of one dying asphyxiated. Morphine was administered and a drachm of ether was injected. In an hour the patient was perfectly comfortable, and went on to slow but complete recovery.

“Sloan states that if cardiac tapping can be done successfully by accident, there are necessarily cases where it should be tried as a deliberate remedy. In all cases of asphyxia where the heart's action is stopped he advises cardicentesis, followed by artificial respiration. Thus, in cases of suffocation by drowning, accidental hanging, carbonic oxide, etc., or even in cases of still-birth, some good effect might follow. In cases of chloroform asphyxia he states that it is worth trying, and in some cases of heart affection, of pneumonia, and even of bronchitis, where all other means have failed and where the patient is evidently dying of engorgement of the right side of the heart, a possible chance of saving life may be lost were cardiac aspiration not attempted.

It should be remembered that this operation is practically the only one which is likely to be of avail when air has entered the veins. In this case, however, the needle should enter the right auricle."

Operative interference with the heart is not urged as a light or trivial matter, but in extreme and unusual cases such operations may be justifiable and may offer at least a ray of hope to the patient.

THE NORTHROP METHOD OF ADMINISTERING CHLOROFORM is rapidly gaining in favor with surgeons of the highest standing and experience, and the recent enthusiastic verdict of Dr. McClelland of Pittsburgh, that Dr. Northrop's discovery is "second only to that of anæsthesia itself," and is "the greatest advance in this department of surgery that had yet been made," bids fair to find echo throughout the land. Dr. McClelland's chronicle of recent experience published in the August issue of the "North American Journal of Homœopathy" is of such significance and interest that we take much pleasure in reprinting extended quotations from it:

"I concluded to try the method in our Pittsburgh Hospital. The first case was that of a woman with a weak heart and easily embarrassed respiration. We found that she went under the anæsthetic promptly and without struggle. The pulse, which before the operation was running at 120 per minute, shortly afterwards subsided to 72, and at that continued until the conclusion of the operation, if anything growing stronger toward the close. This patient was under the operation for one hour and forty-five minutes. To my amazement it was found that she had consumed during that period of perfect anæsthesia but 6 drams of chloroform. To be sure the cylinder of oxygen, holding 40 gallons, was about empty. The patient at the conclusion of the operation had a much better pulse than at the beginning, and came out of the anæsthetic without nausea.

"This experience was highly gratifying. I felt that Dr. Northrop had made a discovery second only to that of anæsthesia itself. By common consent the whole staff of the Hospital agreed to use the oxygen method, and now for a period of four months there has been nothing else used in the Institution. I may say that the subsequent experience of all has been a repetition of this first case, namely, prompt anæsthesia, improvement in the heart's action and respiration, with little or no nausea. One extreme case required anæsthesia three hours and forty minutes and during this long period consumed just 15 drams of chloroform.

“The method of administering the anæsthetic is quite simple. In fact it is merely substituting oxygen gas for air as in the ordinary method. I use a Krohne and Sesemann, or Junker inhaler, and instead of forcing air through a bottle of chloroform in order to atomize it for inhalation, a rubber tube is connected with the cylinder of oxygen, and the latter turned on much or little as is necessary.

“These cylinders of oxygen are to be had at the dental depots with the tubes and other attachments, with the exception of the inhaler, which must be purchased at an instrument shop.

“I feel that this discovery of Dr. Northrop’s, which has been extensively used by Dr. Van Lenep, and other surgeons of Philadelphia, will prove the greatest advance in this department of surgery that has yet been made, and confidently recommend it to my colleagues as thoroughly safe, and entirely past the stage of experimentation.”

PREMATURE BALDNESS has at last received a very learned and satisfactory (?) explanation. The author of it, Dr. L. Phillips, contributed his scientific article to the “Birmingham Medical Review” from which it has been copied into several journals on this side of the Atlantic. According to a valued contemporary “After showing the fallacy of the argument that the greater frequency of baldness in men than in women is due to lack of ventilation in the head covering, the pressure of the hard head-gear interfering with the circulation,” etc., Doctor Phillips offers a more obvious, and to all appearances, reasonable explanation. He says:

“This marked difference in the two sexes coincides with very marked differences in the conventional treatment of the hair. The association and relation of these two circumstances obviously agree with and are an example of the well-known pathological proposition that disuse leads to atrophy. In men the hair is habitually cut short from childhood, while in women the converse is almost universally true. In boyhood and manhood by clipping or cutting the hair we remove the gentle traction on the bulb and follicle which the natural weight of the hair exercises and which constitutes the essential and natural stimulus necessary to secure due innervation and vascular supply to the hair producing structures. Loss of vigor, and finally more or less pronounced atrophy, is the inexorable result, modified or delayed, it may be, by collateral circumstances, predispositions or conditions. . . .

“In the case of men and emancipated hair-cropped women, we contravene Nature’s law; and Nature’s revenge is — slowly, perhaps, but none the less surely — atrophy.”

While the bald-headed man reads this reasoning with consolation in the thought that he need no longer count the cost in hairs of every donning of his hat, the sceptic reflects; — if that man with the polished bald spot on the top of his head has lost his hair on account of its having been occasionally cut and thus kept short, how is it that he has such a thick and excellent beard after possibly years of shaving; that he has such a fine growth of hair over his temples and encircling the bald place? Certainly the barber, in accordance with conventionalities, must have clipped the locks at the back of the head shorter than on top, thus allowing them even less traction than their deserting relatives on the vertex. But feeling that we can offer a most comforting suggestion to him whose “crown” is hairless we leave the sceptic to his own soliloquy.

Although our suggestion may come too late for bald-headed fathers, they surely will rejoice in any means of correcting their sons’ hairs’ inherited tendency to fall. Since, according to our author quoted above, the hair-bulbs need the stimulation of traction, frequent and systematic hair-pulling ought to be practised even more extensively than it is during childhood, and enterprising barbers might offer youths a substitute for the traction provided their sisters by length of hair. This frequent and systematic hair-pulling ought to do the work, ensuring a fine growth of hair upon the otherwise predestined bald head; and an increase of income ought to result to the barber whose “tonorial emporium” would exhibit some such sign as this: —

Hair cut . . . . .	25 cents
“ pulled . . . . .	20 “
Cut and Pull . . . . .	40 “

A practical scientific hair assurer like this ought to doom all patent “hair restorers” to their shelves forever.

DOCTORS IN THE LABOR-DAY PROCESSION would be a novelty to be sure: but when one comes to think of it — why not? Why should a single class of workers — namely handicraftsmen — monopolize the advertisement afforded by the first Monday of September and enjoy unshared the magnificent opportunity of airing their chronic and unredressed grievances before the sympathetic eyes of their fellow-beings on sidewalks assembled? On Labor Day all laborers should have equal privileges. If any

suppose that doctors are not legitimately included in the term "laboring classes," they are respectfully invited to share the life, for a single week only, of a busy physician in his busy season: and when they have recovered — if they ever do recover — from the gastric derangement consequent on postponed dinners, and the headaches consequent on sleep omitted altogether, they are invited to express their opinion as to what constitutes labor. And if any think that doctors have no grievances impressive enough to inscribe on perambulating banners and transparencies, let them ponder the following mottoes, which, as epitomizing sorrows long and uncomplainingly borne and facts too little appreciated, we recommend as sample inscriptions for the transparencies that doctors will of course carry, when they claim their neglected rights, and march in the Labor Day Procession:

"All's well that ends s-welling."

"We labor to assist the labors of the wives of laborers."

"It is easier for us to make live than to make a living."

"Ill winds blow the doctor good."

"No pay, no cure!"

"Children demanding medical attendance between 10 P. M. and 9 A. M. are a crying evil."

"From one stitch to nine frequently saves time by postponing eternity."

"We may bill our cures, but how s'cure our bills?"

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## SOCIETIES.

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### *BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The semi-annual meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, June 13, 1895, at 7.45 o'clock, President H. C. Clapp in the chair.

By vote of the Society the reading of the records of the last meeting was omitted. The following physicians were proposed for membership: John D. Tupper, M. D., of Boston, and H. A. Downs, M. D., of Somerville.

The following named physicians were elected to membership: O. C. B. Nason, M. D., of Reading, and Edward H. Wiswall, M. D., of Boston.

Through an oversight the officers for the Section of Pathology and Therapeutics for the ensuing year were not chosen at the last meeting; and the president appointed a committee consisting of Drs. F. P. Batchelder, I. T. Talbot and Grace Marvin to present nominations for such officers. The committee subsequently presented as a nomination for chairman George E. May, M. D., of Newton Centre; for secretary A. Don Hines, M. D.; for treasurer Lucy C. Hill, M. D.; which were confirmed by vote of the Society.

#### SCIENTIFIC SESSION.

The following pathological specimens were presented:

Dr. George B. Rice presented five papillomata from the larynx. He had recently removed ten similar growths from the patient's larynx.

Dr. Horace Packard exhibited:

1. One hundred and seven gall stones removed from an aged lady who was in a state of collapse before she consented to operation. She died a few hours after the operation was completed.

2. Seven large gall stones, one of which was impacted in the cystic duct. There were no hepatic symptoms in this case, but nausea and vomiting with some diarrhoea for the preceding four weeks. Patient made a good recovery.

#### HYGIENE.

Dr. W. T. Talbot said that it had been reported to him from good authority that the flesh of swine intended for exportation was thoroughly inspected and the trichinous flesh was put upon the home market. He considered that something should be done to correct such a state of matters, and suggested the appointment of a committee of two to be authorized to make inquiry on behalf of the Society regarding the sale and consumption of trichinous or otherwise infected meats. Dr. Talbot moved the appointment of such committee.

The chair named as members of said committee Drs. Winthrop T. Talbot and J. P. Sutherland.

#### SECTION OF DISEASES OF CHILDREN.

Grace Marvin, M. D., chairman. E. A. Bruce, M. D., secretary. F. S. Canedy, M. D., treasurer.

#### *Programme.*

1. "Sleep of Childhood," by S. S. Windsor, M. D.
2. "Mouth Breathing in Children," by N. H. Houghton, M. D.
3. "Diphtheria," by C. D. W. Reed, M. D.
4. A Paper by George H. Earl, M. D.

*Discussion.*

Dr. M. W. Turner: In discussing the first paper considered "night terrors" apt to occur in children of neurotic parentage, while "nightmare" is usually due to indigestion. The remedies which he considered most likely to be indicated are bell., hyos., nux vom., ign., stram., and zinc. He reported three illustrative cases.

Dr. George B. Rice spoke of the functions of the nasal mucous membrane, which he considered to be, first, warming the inspired air; second, capability of surcharging inspired air with moisture; third, allowing gaseous interchange between blood stream and air; fourth, filtering the inspired air. Had observed the snoring habit in most mouth-breathing children, whether due to post nasal adenoids or other causes, and so far as medical treatment went, calc. carb., phos., and iodides had done most in improving the condition.

Dr. A. D. Hines asked, "If Dr. Rice considered calc. preferable to baryta in these cases?"

Dr. Rice replied that such had been his invariable experience.

Dr. W. T. Talbot considers snoring and mouth-breathing associated with sleeping on the back, and had practised the persistent turning of the child upon the side as a relief from this condition with success.

Dr. Horace Packard referred to the possibility of lying upon the ventral surface as the better position.

Dr. I. T. Talbot had noticed a deformity of the face in children who have nursed altogether from one breast and advocated change of position.

Drs. J. Emmons Briggs and F. L. Newton discussed Dr. Reed's paper entitled "Diphtheria."

The society then adjourned to the small lecture room where ice cream, strawberries, cake, coffee, etc., were served.

J. EMMONS BRIGGS,  
*General Secretary.*

*The Treatment of Nephritis by the External Use of Pilocarpine.*—Molliere employs in all forms of nephritis an ointment composed of vaseline three ounces and nitrate of pilocarpine one and a half grains. The only contra-indication to its employment is uræmia. The ointment is well rubbed into the skin, and it is asserted that amelioration of the symptoms rapidly takes place. The method must be continued for several weeks. As a result of the treatment an increased action of the skin and of the kidneys is rapidly produced through its action upon the sweat-glands and the secreting epithelium of the kidney. — *Revue Internationale de Medecine et de Chirurgie Pratiques.*

*The Treatment of Dry Pleurisy by a New Method.*—Cerenville has proposed to the French Congress for Internal Medicine the injection into the pleural cavity of sterilized olive oil in cases of fibrinous pleurisy, for the purpose of diminishing the pain and exerting a healing influence. He claims that he has used this treatment with satisfactory results. — *Revue Internationale de Médecine et de Chirurgie Pratiques.*

## REVIEWS AND NOTICES OF BOOKS.

“HAHNEMANN’S THERAPEUTIC HINTS.” Collected and arranged by R. E. Dudgeon, M. D. Pp. 60. London: E. Gould & Son.

The “therapeutic hints” here collected by the Nestor of homœopathy, Dr. Dudgeon, have been gleaned from all the accessible records left by Hahnemann, from the “Chronic Diseases,” the “Organon,” the “Lesser Writings,” etc. Many of these “hints” are isolated “clinical observations,” but most of them are to be found in the introductions to the pathogeneses of the medicines contained in the “Chronic Diseases.” These hints have been arranged in the form of a repertory following somewhat closely the Hahnemannian schema. Many of the abbreviations of medicines used in the text are not those in common use on this side of the Atlantic, but they are mastered at a glance. The “Introduction” contains the only records extant of cases treated by Hahnemann, five in number; cases which, though interesting in themselves, he published chiefly to show his disciples how to apply the principles of homœopathy.

The book is valuable in that it presents in easily accessible and convenient form the therapeutic hints of the greatest therapist the world has known, and the scholarly achievements of the compiler are sufficient guarantee of the correctness and reliability of the work.

“HOMŒOPATHY; ALL ABOUT IT: OR THE PRINCIPLE OF CURE.”

By John H. Clarke, M. D. London: The Homœopathic Publishing Co.

This is a little book of about one hundred pages written with the laudable purpose of giving those of the laity who want to know “all about it” a “birds’ eye view, as it were, of what Hahnemann has done for the Art of Healing and for Mankind.” It is a book that will exert a distinct influence, for, being little, it will be read through where many a larger book would be passed by or merely glanced at; and being written in Dr. Clarke’s terse and convincing style it is certain to make an impression on its readers. Dr. Clarke tells how he became a homœopath, and later gives a sketch of Hahnemann’s career, and the evolution of homœopathy. He explains the origin of the terms allopathy and homœopathy, and defines them; explains the relationship of homœopathy and pathology, and while saying that “Homœopathy theorizes about nothing” (an unfortunately ambiguous phrase), offers an abstract of “Hahnemann’s theory of disease” especially his ideas concerning the three “miasms,” “syphilis, sycosis, and psora.” As an illustration of a “miasm” Dr. Clarke instances “Vaccinia,” and, according to his ideas, its woful results; vaccinia being as he says “extremely analogous to syphilis in many of its characters, and not the least in

the appearance of secondary disorders after the primary illness is over." Dr. Clarke has much to say about "the infinitesimal dose"; e. g. "But homœopathy . . . never can be dissociated from a belief in the power of the infinitesimal"; and while describing Hahnemann's method of attenuating medicines says, "But the attenuation is so graduated that, no matter to what high figure it is carried, *something* of the original substances must remain," etc.

Among the "Examples of Homœopathic Practice" cited by Dr. Clarke one finds the treatment of cholera by camphor prominently exhibited, and this in spite of the fact (vide "Lesser Writings") that Hahnemann recommended camphor as a germicide, and not as a homœopathic remedy. All homœopathists may not be able to agree with the statement found on p. 87 that they "are not dismayed in the presence of tumors and changes of solid structures, as are the members of the old school"; but the majority of homœopathists who read the book will agree that it is destined to do, on the whole, good missionary work.

"DISEASES OF THE HEART AND ARTERIES; THEIR CAUSES, NATURE AND TREATMENT." By John H. Clarke, M. D., C. M. Edin. London: E. Gould & Son.

This is another interesting book by Dr. Clarke. It is made up of nearly two hundred pages which are devoted chiefly to the presentation of the more or less detailed records of thirty-six cases of diseases of the heart including a few cases of thoracic aneurism, and to outlining the leading indications of something over fifty remedies most likely to prove useful in the treatment of this class of affections. Only a few hints are found relating to etiology, pathology, diagnosis, etc., Dr. Clarke's object being to deal specially with therapeutics. One point in diagnosis attracts attention: viz., "The area at which aortic sounds are best heard is at the spot where the second left rib joins on to the breastbone," a suggestion not in accord with the teachings of noted writers.

The book is an excellent illustration of one of its own aphorismal phrases, "any medicine may be required in any disease"; and it may be looked upon as a telling argument in support of the proposition, "Homœopathy has no specifics for diseases—only for patients." The book also forms additional evidence of Dr. Clarke's enthusiastic belief in the curative action of homœopathically selected and administered remedies, for he not only believes that some if not many cases of heart disease can be practically if not absolutely cured, but he presents this series of cases to support his views. In this connection the following quotation from p. 137 is in order. "The popular belief in the power of drugs to cure sick people is ineradicable; and all the efforts of a sceptical Medical Faculty to prove that drugs cannot 'cure,' and that all the Faculty can do is to 'treat' patients, has had no other effect than to cause the lay mind to look to those who have

something more encouraging to offer. The popular belief is well founded." Doubting Thomases may find much in the book to convince them of the unreasonableness of their doubting, although, of course, many of the sceptical may require more proof than is here adduced to so convince them.

"A MANUAL OF THE MODERN THEORY AND TECHNIQUE OF SURGICAL ASEPSIS." By Carl Beck, M. D. 330 pp. Philadelphia: W. B. Saunders.

In this decade, when manipulation in surgery has approached so near perfection, it would seem that little more could be said as to details of methods. This little work, however, gives an unusually clear and comprehensive resumé of the whole subject of surgical asepsis in a manner which is sure to carry conviction.

Asepsis rather than antiseptis is urged, but various antiseptics are spoken of; and certain of their dangers, as burning from carbolic solutions carelessly made, and eczema from iodoform, warned against. C.

"A GUIDE TO THE ASEPTIC TREATMENT OF WOUNDS." By Dr. C. Schimmelbusch. Preface by Prof. E. von Bergman. Translated from the Second Revised German edition by Frank J. Thornbury, M. D. 43 Illustrations. Pp. 233. New York: G. P. Putnam's Sons, 1895.

Within this little volume are set forth in a most excellent manner the methods which are employed in Prof. von Bergman's clinic, and which have rendered possible the attainment of results, superior in character and of world wide reputation.

The warm reception given the two German editions, and their speedy translation into other languages are the best tributes to the worth of the book. We can most heartily commend it to the careful perusal of American readers, as ably presenting, in their true light, the principles and methods of modern aseptic surgery.

"SUGGESTIVE THERAPEUTICS IN PSYCHOPATHIA SEXUALIS; with Especial Reference to Contrary Sexual Instinct." By Dr. A. Von Schrenck-Notzing (Munich, Germany). Authorized translation from the German by Charles Gilbert Chaddock, M. D. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1915 Cherry Street.

The author of this work justifies himself for again rehashing the mass of sexual filth published by Krafft-Ebbing some time ago by giving his experience with therapeutic suggestion in the treatment of sexual perversion. Hypnotism and suggestion are probably of value in a certain number of cases. The author tells the same old story of youthful temptation and pleads for the sexual education of children. He says on page 34, under the head of prophylaxis, "The most important duty of parents and teachers, and one which unfortunately through ignorance or false modesty is neglected, consists in prophylaxis,—in a rational

sexual education suitable to the process of sexual development." One feels like asking the author, "how?"

The book has one thing to recommend it—its sentences are so clumsy, its style is so fatiguing and dull, that few would be likely to wade through it and be injured by the pernicious matter it contains.

The whole question of sexual perversion had best be left to the alienists. Such books as "Psychopathia Sexualis" and "Psychopathia Sexualis Treated by Suggestion" are falling into the hands of laymen, and in a few years, possibly months, there will be a new field open for the advertising quack, and we shall see a notice in the papers something like the following: "Perverted sexual instincts instantly cured through the marvellous power of Dr. Bigg. Consultations free from 9 till 12 daily." G.

"DISEASES OF THE EAR: A TEXT-BOOK FOR PRACTITIONERS AND STUDENTS OF MEDICINE." By Edward Bradford Dench, Ph. B., M. D., Professor of Diseases of the Ear in Bellevue Hospital Medical College. With eight colored plates and one hundred and fifty-two illustrations in the text. Pp. 645. New York: D. Appleton and Co., 1894.

This work will probably rank as the best text-book in our language, at the present time, upon aural diseases. The works of the older authors retain all their former value for the personal experience which is recorded in them, but very extensive revision will be required to bring them as thoroughly abreast of the times as is this newer work. Especially is this noticeable in the chapter upon the functional examination of the ear, where the very latest investigations are stated so concisely and their teachings applied in so practical a manner in the various tests that nothing more satisfactory can be desired. Another strong feature of the book is the careful association of diseased conditions of the ear with general systemic disease, instead of their treatment as strictly local diseases. Especially valuable in this connection is the section upon "Complicating Aural Affections."

It is somewhat strange, however, that in treating of aural massage there should be favorable mention of the grosser methods, as the tragus pressure of Homell, the use of the otoscope of Siegel, the masseur of Delstanche and the pressure sound of Lucas, all of them valuable aids in treatment, but beyond these no mention, even, of the more delicate and more thorough and far-reaching methods and instruments of massage which have since been devised.

"A MANUAL OF DISEASES OF THE EAR, FOR THE USE OF STUDENTS AND PRACTITIONERS OF MEDICINE." By Albert H. Buck, M. D., Clinical Professor of the Diseases of the Ear, College of Physicians and Surgeons, Columbia College, New York. Second Revised Edition. Illustrated; pp. 457. New York: William Wood & Co., 1895.

The former edition of this book, published in 1889, has always possessed a high value from the many candid statements of the author's experience, which is exceedingly rich and extended. In this newly revised edition this feature is retained and the former value enhanced by further experience. In addition a new chapter appears which is devoted to a minute and practical analysis of aural symptoms, presenting in the clearest possible manner the significance of every symptom which occurs in diseased conditions of the ear. The chapter relating to diseases of the mastoid process has been rewritten and much amplified, and the most recent methods of operating are here described and illustrated to the smallest detail.

“THE CARE OF THE BABY: A MANUAL FOR MOTHERS AND NURSES.” By J. P. Crozer Griffith, M. D. Pp. 392. Philadelphia: W. B. Saunders, 1895.

This new comer in the field of mother's manuals contains much of importance to those caring for or about to welcome the baby. In the chapters devoted to the dressing, and environment of infants we are carried at once into the realm of luxury. To the multitude of mothers, these elaborate details and preparations would demand vigorous pruning to conform to their circumstances. Again, the wisdom of setting forth the dosage of the various opium preparations and coal tar derivatives, is open to question, as many young mothers do not possess the requisite degree of good judgment, in their use. The book on the whole has many excellent features, particularly its treatment of diet, ventilation, etc.

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### PERSONAL AND NEWS ITEMS.

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DR. E. R. JOHNSON, class '95 B. U. S. of M., has located at No. 11 Emerson St., Melrose, Mass. Office hours until 9 A. M. and 1 to 2 P. M.

WE are pleased to note that Dr. Dadirrian has obtained a decision of the court in his favor sustaining his exclusive right to the trade-mark “Matzoon.”

DR. HORACE PACKARD will return to the city in September and will be in readiness to receive patients for consultation or operation on and after Monday the 23d.

DR. AND MRS. JAMES KRAUSS, of Malden, sailed for Europe on the Catalonia, Aug. 10. They expect to be absent a year, during which time the doctor will visit the hospitals of London, Paris, Vienna and Berlin.

DR. JAMES R. COCKE will remove September 1st from Huntington Ave. to No. 224 Marlboro Street where he will be pleased to receive his friends and patients. His office hours will be from 12 to 3 and 7 to 9 P. M. Sundays from 12 to 2 P. M.

A good location in Florida is open to a worthy physician. The practice is an established one, and the town possesses good schools and churches, and a perfect climate. For further particulars, address Dr. R. B., care Otis Clapp & Son, 10 Park Square, Boston.

WANTED, a competent, experienced physician, lady preferred, to take medical charge of a school in the South, from the middle of October to first of June. School numbers forty boarders and seventeen teachers. There is time for outside practice provided the state examination is taken.

This place is particularly desirable for some physician who wants a winter's rest in a southern climate. For particulars, with references, refer to Dr. Thomas M. Dillingham, 8 West 49th St., New York City.

THE NEWTON SANATORIUM was originated for the accommodation of persons with nervous or other diseases who needed sanatorium treatment, at fifteen to thirty-five dollars a week. These patients reside in private homes, with skilled nurses, and receive the personal care of Dr. Paine. There was then a demand for the care of insane patients at similar rates, and this need has now been provided for by Dr. Edward H. Wiswall, former assistant physician at Westboro. He has taken a house at Newton, where he will receive insane patients and they will have the medical supervision of Dr. Paine. All correspondence should be addressed to Dr. N. Emmons Paine, West Newton, Mass.

THE new catalogue of the Chloride of Silver Dry Cell Battery Co. of Baltimore, Maryland, is now ready for distribution, and we advise our readers to send four cents in stamps to that company and secure a copy of the same, for several new styles have been added to their list and valuable improvements made on most of the others. The high reputation which the chloride of silver batteries have gained is due to their many points of excellence, such as absolute cleanliness, durability, constancy, and the fact that they are dry, small and light. They certainly are the ideal portable battery for the medical practitioner. The company manufacturing them also takes great pride in their appearance and spares no trouble or expense in making every instrument they send out a finished article of which any physician may well feel proud to become the possessor. Large shipments of these batteries have been made to New Zealand, Australia, Batavia and the British East Indies, where their merits will no doubt be as fully appreciated as they have been by the American physicians.

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## OBITUARY.

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STEPHEN WORCESTER HOPKINS was born at Irasburg, Vermont, January 24, 1829, and died in Lynn, Mass., June 23, 1895. As a young man and during early manhood he practised dentistry, but close application to business and confinement to office work produced a degree of ill health that compelled him to seek a more healthful vocation, and in the early sixties he abandoned his professional work and going to Michigan devoted himself for a number of years to lumber interests. During the years spent in this more healthful occupation he made a complete recovery, and in the seventies he returned to the East to devote himself to more congenial professional life. He had always been deeply interested in medicine and had strengthened his interest by spending all his spare time while practising dentistry in reading medical literature. He therefore decided to study medicine and entered the Boston University School of Medicine, graduating therefrom in 1880. From the date of his graduation he devoted his energies unreservedly to the practice of medicine, his practice growing so rapidly and reaching such proportions that he took but little rest and few vacations. This unceasing application to work continued until a few short months before his death, his long-continued overwork being a chief factor in producing the primary progressive pernicious anæmia which resulted in his death.

Dr. Hopkins was a quiet, reserved man, closely attached to his home life, and by his devotion to his practice won the respect and confidence of a large circle of patients. His loss will be long felt in the community and in the profession.

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# THE NEW-ENGLAND MEDICAL GAZETTE.

No. 10.

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VOL. XXX.

## COMMUNICATIONS.

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### INSOMNIA.

BY D. E. BROWNELL, M. D., ASSISTANT PHYSICIAN WESTBORO' INSANE HOSPITAL

[*Read before the Massachusetts Homœopathic Medical Society.*]

Insomnia indicates an abnormal condition somewhere in the economy, and is often the precursor of serious mental derangement.

Germain-See has made no less than nine divisions: dolorous; digestive; cardiac and dyspnœal; cerebro-spinal and neurotic insomnia, comprising general paralysis, acute and chronic mania, hysteria and hypochondriasis; psychic insomnia; the insomnia of physical fatigue; genito-urinary; febrile and auto-toxic insomnia; and toxic insomnia.

The most important predisposing causes are intellectual pursuits and nervous temperament. The exciting causes are organic and functional diseases of the brain, worry, grief, bodily pain, etc., syphilis, constipation, anæmia.

Before considering the subject insomnia, let us look at some of the causes which produce sleep. The gray matter of the brain is supplied with a rich capillary plexus, five times as great as the supply of the white matter, and each one of these arteries is a terminal vessel, and each vessel supplies independently a portion of the cortical cells, thus providing for the vascularization of separate areas. During activity of the cerebral centres, the blood supply of these cells is increased. The supply is lessened when mental activity is lessened. Variation in the quantity of blood in the brain is possible from the fact that the brain does not completely fill the bony cavity of the skull. Blood pressure here causes movements of the brain, and Professor Mosso has shown by his observations upon three people, in each of whom a portion of the skull was wanting, permitting movements of the brain to be felt through the scalp, that upon going to sleep a dilatation and relaxation of the vessels of the

forearm occurred with a corresponding contraction in the vessels of the brain, this change becoming most marked in deep sleep; that all external stimulation, however slight, is attended by a contraction of the vessels of the forearm and greater blood pressure and increased flow of blood to the brain; that during sleep the quantity of blood in the brain is subject to fluctuation with no apparent cause; that all mental activity is attended by an increased quantity of blood in the brain. It is very probable that this fluctuation is due to the depth or lightness of the sleep, to the more or less complete suspension of the mental activities of the sleeper. Certain it is, that hyperæmia of the brain is incompatible with good sleep; and the various theories that sleep is due to a diminished blood supply in the brain, to absence of external stimuli, to the presence of leucomaines which affect the nerve centres, to want of oxygen in the cortical cells, offer room for speculation and thought, but no one of them can be satisfactorily accepted as explaining the wonderful problem of sleep.

There is one theory not mentioned above that seems to me quite as satisfactory as any, and that is, that sleep may be due to auto-suggestion. At any rate, auto-suggestion coupled with the absence of external or peripheral stimuli may be the direct cause of lessened activity of the cortical cells, thereby producing a lessened amount of blood in the brain and thus resulting in sleep. Noise, light, strong odors, shadows, the motion of a curtain, are a few well known causes that may produce wakefulness in the healthy. These combat the tendency to sleep simply because the sensory nerves are called upon to convey such impressions to the various centres, and there is set up a concurrent hyperæmia which is directly opposed to sleep.

It seems fairly safe to assume that insomnia is due to the hyperactivity of the brain cells and hyperæmia of the blood vessels; but it is true that the cortex in which some such alteration, no doubt, does take place, is a wonderfully complex structure, consisting of several layers of cells, and these cells are quite unlike one another and the molecular changes occurring in them are but little understood, so that what is really known of the causes which produce insomnia, is almost nothing.

The entire absence of the capacity to sleep is a typical symptom of functional or organic brain disturbance. The length of time a person can live without sleep corresponds to about the time he can live without food, viz., three weeks (Dana). The cases that can actually be found not sleeping for such a period or even a much shorter one, are rare indeed, and a few of the most marked cases of insomnia in the Westboro' Hospital show that after two or three, or possibly four nights

of wakefulness they will get two or three consecutive hours the following night and then repeat the occurrence perhaps. Occasionally a case will continue sleepless for a week or more, but the only one I can call to mind, who was really awake for two weeks with only one night of sleep, died at the end of that time. There is no doubt but that the indicated homœopathic remedies prescribed in these cases conduce to the sleep which is absolutely necessary to establish recoveries in the insane.

From a purely clinical standpoint this subject may become more interesting. The sleeplessness accompanying certain forms of insanity is marked. In acute mania and melancholia it is perhaps most noticeable. This in the former may be due to the fact that all the perceptions are abnormally keen, and hence the number of external stimuli is greater. A similar condition exists in acute melancholia, when although there may be no exaltation and the perceptions are not abnormally keen but perhaps apparently dulled, still the emotions are equally strong, even though they be of a depressing nature. Strong hallucinations of hearing and touch, as well as suicidal tendencies, may, and often do, cause wakefulness. Another cause in the melancholiac is, that he is not apt to eat enough food. Sleep and hunger are bitter enemies in the healthy individual. It is well known that many a wakeful patient in an insane hospital is soothed to sleep by being compelled to take a few extra glasses of hot milk.

Insomnia occurs as a marked symptom in the acute stages of paranoia at the period when the hallucinations are becoming more numerous and changing from a psychic to a psychosensory character, and thus causing tortures untold by night as well as by day. The torment is in many cases greater at night when all is quiet, and often these cases take the day for sleep, the noise of which even in a busy ward is nothing compared to their own hallucinations. In questioning a number of patients of acute mania and paranoia in regard to their habits of sleep before they were ever sick, I find that almost invariably they give a history of wakefulness for weeks, months, and even years before the final breakdown. Some are able to say that as children they could not sleep as did their brothers and sisters, that they were always called wakeful at home and scolded for not being ready to go to bed like the other children of the family. The cases of acute mania which were sufficiently recovered to talk intelligently of their condition, have the same story, with few exceptions, that they were unable to sleep before the attack for a few weeks at least, that they never seemed to feel the need of it and that they were never tired, etc.

It seems certain that atmospheric conditions exert an influence upon the ability to sleep. It has been shown that a

large number of cases of insomnia have been benefited by general galvanization, and, as Nothnagel has demonstrated that cutaneous electrical stimulation was followed by reflex contraction of the vessels of the pia mater, it would seem worth while to experiment with electricity in persistent insomnia.

Then, again, as insomnia in itself is only a symptom of disease, it would seem best to direct all treatment toward the cause that is producing the wakefulness, and nothing has proved more efficacious to this end in the insomnia of insanity than the well selected homœopathic remedies.

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### MORBID SLEEP.

BY FRANK C. RICHARDSON, M. D.

[*Read before the Massachusetts Homœopathic Medical Society.*]

#### The innocent sleep:

Sleep, that knits up the ravell'd sleeve of care,  
The death of each day's life, sore labour's bath,  
Balm of hurt minds, great Nature's second course,  
Chief nourisher in life's feast.

As it is upon the nutritive regeneration of the tissues which takes place during true, healthy sleep, that its refreshing power depends, so in morbid sleep is this restoring influence modified just in proportion as slumber departs from normality.

Sleep may become morbid either by reason of insufficient somnolence as characterized by dreams, somnambulism, etc., or excessive somnolence as met with in coma. In addition we may have various anomalies of sleep such as catalepsy, night terrors, trance, visions and the like. It is my purpose to speak briefly of some of these conditions, which are of interest as a psychological study and from a purely clinical standpoint.

#### Dreams

Which are the children of an idle brain,  
Begot of nothing but vain fantasy;  
Which is as thin of substance as the air;  
And more inconstant than the wind,

may be more scientifically defined as a more or less orderly series of sensory perceptions or thoughts occurring during sleep, either wholly imaginary, or occasioned by some actual impression from without. The ordinary phenomena of dreaming seem to show that partial sensitiveness may be a normal condition during sleep because of the wildly-incongruous ideation usually characteristic of them. Ordinary intellection con-

sists in the comprehension of a large number of related circumstances, and implies the simultaneous working of many parts of the brain. During sleep the brain is known to be imperfectly supplied with blood and cannot therefore be at full work; as a result we get suppression of action in some parts of the brain while other parts are more or less active. Dreams are often mere patchworks built up of bits of recollections. Recollections need not be combined like mosaic work; they may be blended on the principle of composite portraiture, and it is probable that the phantasmagoria of dreams may be in some part due to blended memories; the number of possible combinations would be practically endless, and there would thus be no limit to the dies in the coinage of the brain.

Dreams, "the current coin that purchases all the pleasures of the world cheap, and the balance that sets the king and the shepherd, the fool and the wise man even," may be considered when within proper limits to be physiological; but if too persistent and continuous, or of sufficiently irritating character, may so interfere with the necessary tissue regeneration as to seriously impair health, and the physician is called upon to remove these figures and fantasies that deprive slumber of its pleasures and benefits.

Somnambulism, a curious phase of nocturnal cerebration that is most analogous to the condition produced by hypnotism. Walking in sleep is the most palpable but not the most marvellous characteristic of this condition. It is not necessary to multiply instances of how intelligent somnabulists may be.

The etiology of somnambulism is very obscure, it having in probably the majority of cases for a starting point, an hereditary neurotic tendency, encouraged and developed by incorrect habits of living.

Like other indefinite conditions of semi-consciousness it implies a partial inhibition of self-cognizance and ideation; and the diminished exercise of volition is the result of some automatic process or outside stimulation of sub-cortical function.

*Excessive Somnolence.*—The most common instance of excessive somnolence is found in the condition known as coma. Although familiar to you all, it is occasionally not an easy matter to differentiate the varieties of coma, especially when called to a patient for the first time after unconsciousness has occurred and unable to obtain a history of the case. As the literature on this point is rather sparse and scattered it may be worth while to present in condensed form a few of the essential points of differentiation:

The forms of coma most commonly met with are alcoholic coma, that caused by opium poisoning, coma of sunstroke, uræmic coma, apoplectic coma, the coma of meningitis, epileptic coma, hysterical coma, and traumatic coma.

In alcoholic coma there is present usually complete and absolute muscular relaxation, the countenance is generally flushed, although occasionally of deathly pallor, and it is possible to perceive the smell of alcohol about the individual and his breath.

In opium poisoning you have the contracted pupil and the slow respiration. In both opium and alcoholic coma there is no modification of temperature.

With sunstroke there may be deep coma, flushed face, stertorous breathing, etc., but the temperature ranging to 105, 106, 107 or even 108° will indicate the probable nature of the trouble.

The distinction between uræmic coma and apoplectic coma may be extremely difficult if not impossible. The age of the patient will aid somewhat, apoplectic attacks in young persons being rare; when they do occur they are generally due to embolism, and the coma which may follow them is generally not prolonged. It should be remembered that in chronic Bright's disease apoplexy is liable to occur as a result of hæmorrhage from the degenerated arteries, and then a correct determination of the cause of the existing coma is very difficult. It has been thought that the respiration in uræmic coma is higher pitched than in that of apoplexy, but this is by no means certain. In apoplexy ordinarily the temperature will be moderate.

In meningitis again we have an inflammatory affection and expect to find a modification of temperature. The history of pain in the head, photophobia, with the retraction of the head so commonly observed, will usually lead to a diagnosis of this condition.

Hysterical coma is not so deep as that of other affections. Under strong stimulus the patient can be aroused. There is no loss of control of the sphincters; and the reaction of the pupil is maintained. The history will be found to be that of a neurotic individual, who has had some cause for this hysterical attack.

Epileptic coma must be determined by the previous history of the patient, a description of the preceding convulsion, and, where possible, in a negative way by urinalysis.

Traumatic coma is usually indicated by the history or the marks of the injury received.

And now a word concerning some of the anomalies of sleep.

*Visions.*—An anomaly of sleep, though of by no means uncommon occurrence during the waking hours, consists of the so-called "visions" which have been the marvel of the superstitious in all ages. These may assume all forms and characters, and differ from the ordinary dream in their sudden appearance, in their vividness while present and in their sudden de-

parture. I have been surprised to find upon questioning, how large a number of people have at some time or other experienced these night visitations in a more or less vivid form. Indeed I am led to think that the familiar hallucinations of the insane are to be met with far more frequently than is commonly supposed, among people moving in society and in good working health.

Such being the case, and it also being true that these experiences are very often regarded as supernatural manifestations and as such exert a profound and not often beneficent influence on the nervous system, it has been of advantage to be able to explain a vision as a single stage in a series of mental processes which emerges into the domain of consciousness. All that precedes and follows lies outside of it and its character can only be inferred. A requisite condition of the presentation of visions lies in the over-sensitiveness of certain tracts or domains of brain action and the under-sensitiveness of others; certain stages in a mental process being represented very vividly in consciousness while the other stages are unfelt. The ability to thus reduce these phenomena from mysticism to the level of pure science is often sufficient to establish a healthier mental tone, which leads to recovery from perhaps a long-standing hysteria or melancholia.

Another and very interesting sleep symptom seen at times in some spinal maladies and in a variety of degrees in feeble and anæmic persons is that described by Wier Mitchell as:

*Night Palsy.*—This curious symptom occurs in two forms, the one common, the other rare. In the more usual cases the sleeper awakens with numbness, or rather tingling and numbness of one arm or leg only, or the whole side including the face and even the tongue. The disorder may be mere tingling or actual loss of tactile sensation; but in any case it rapidly fades away or yields to a little friction. At first while it is confined to the arm, the patient refers it to lying on the part; but this becomes an impossible explanation of hemiplegic examples. These functional palsies are rather to be attributed to a temporary failure of function owing to imperfect nutrition. To such cause may also be attributed other forms of trouble which haunt the sleep of nervous or hysterical people, such as palpitation of the heart, vertigo and a certain failure of the respiratory centres which is met with in a grave form in some cases of Duchene's disease, or in very feeble people. The centre remains competent so long as the will is free during the waking hours to assist the automatic activity of the ganglia, but when sleep leaves the regular succession of respiratory acts to the unaided powers of defective nerve cells, there sometimes comes a moment of temporary incompetence, and the patient wakes up gasping and alarmed.

The best remedy for these troubles is to be found in general treatment, and in great care to supply nourishment at bedtime, and if needful to repeat its use during the night. Of course I take it for granted that every care shall be given to the state of the stomach and bowels; and that all source of reflex irritation shall be sought out and remedied if possible.

One very potent cause of sleep disturbance I wish to specially mention, however. I refer to the toxic influence resulting from the excessive use of tobacco. I have not a few times succeeded in remedying quite serious sleep irregularities by stopping the tobacco habit. In this connection allow me to mention two remedies available while the habit is being broken, namely, strychnia and alcoholic stimulus. A little whiskey at bedtime will correct the evil results of over-use of tobacco. Strychnia is the tonic most useful in the feebleness which comes of the abuse of tobacco, that pleasant wife and fatal mistress.

While these disorders of sleep may, by reason of their common occurrence, seem scarcely to merit the attention of a society of experienced practitioners, they are frequently referred to us for explanation, and too frequently, I fear, treated with a levity out of proportion to the importance they have assumed in the mind of the inquirer, who is sent away with many vexed questions still to ponder over and thus further disturb the needed slumber. Furthermore to be able to recognize the close kinship between an almost natural phenomenon and its excessive development into an annoying disorder, is not only comforting to the patient but useful to the physician.

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#### *PREGNANCY THE CAUSE OF CHOREA AND MANIA.*

BY ELLEN L. KEITH, M. D., ASSISTANT PHYSICIAN, WESTBORO' INSANE HOSPITAL.

*[Read before the Massachusetts Homœopathic Medical Society.]*

In considering the subject of chorea occurring during pregnancy, the question arises as to how far pregnancy has been the cause or only an accompanying condition. One author says that the causes of chorea in adults are about equally divided between pregnancy and rheumatism. In some cases of pregnancy with chorea there has been a history of a previous attack of chorea in childhood, and the pregnancy seems to have been merely the exciting cause to provoke another attack. Again we find rheumatism coëxisting with pregnancy and preceding the chorea. A shock to the nervous system may also be the exciting cause of the disease, as it often is in chorea of childhood. The theory that the cause of chorea is emboli in the small blood

vessels in certain parts of the brain and that these emboli are caused by the rheumatic poison in the system, was held until it was shown that only about twenty-five per cent of the cases had ever had rheumatism. Another theory is, that there is a rheumatic inflammation and infiltration of the connective tissue, causing a temporary pressure on the nerve cells of the brain and cord, producing a functional disturbance.

Anæmia is often an antecedent of chorea, especially in pregnancy, the red blood corpuscles being greatly diminished. Defective nutrition and exhaustive conditions of any kind predispose to chorea.

Chorea of pregnancy is not a common disease, and its literature is not extensive. Gray, one of the best of recent writers on nervous diseases, disposes of the whole subject by saying, "The chorea of pregnancy is a rare disease and I have never seen a case of it. It is said, however, to be very fatal, the percentage running as high as thirty-three per cent."

There has been but one case received at the Westboro' Insane Hospital, and, as it combined rheumatism, fright and pregnancy in its antecedents, and was accompanied by acute mania, I have thought it might be of interest if reported.

Mrs. E. C., age 31, was admitted to the hospital June 14, 1894. She had been discharged from the hospital on Dec. 22, 1893, having been there nine months during an attack of melancholia. When admitted the first time, she was quite anæmic and was somewhat so when discharged, mentally recovered. On her second admission, she was excited, incoherent and suffering from chorea. There were clonic spasms of the muscles generally, excepting those of the face. She could talk only with great difficulty, and in taking food it was necessary to place it far back in the throat. She was noisy and had hallucinations of hearing. She said she had not menstruated since March, and thought she was pregnant. She was given agaricus for the choreic condition and was kept in bed for rest treatment. For about a week she improved, and the spasms were less marked. From that time she grew worse, became quite noisy at night, sleeping very little, till towards morning, talking almost constantly, using profane and obscene language, and was quite violent to her nurses; in short, was acutely maniacal. The choreic movements were very severe and she would throw herself forward, if standing, or roll from the bed. For a while a loose bed-sheet was used to keep her in bed and from injuring herself, but later, on account of the heat of the restraint sheet during the warm days of July, the bed was taken from the room and the floor covered with mattresses on which she could roll. She received belladonna for her maniacal condition, but there was very little improvement for a month. She then became

somewhat more quiet. For about a week previous to August 18, there was slight uterine hemorrhage, and, on the morning of that day, she miscarried. The placenta came away about two hours later, and the discharge was normal. The foetus was small and apparently about four months old.

The relief to the mental and nervous condition was immediate, and the chorea did not again show itself. The hallucinations of hearing, however, returned after a few days, and she would reply to them if alone. They steadily became less distinct and disappeared entirely in about six weeks. She was discharged in December, after a stay of six months in the hospital.

In studying this case after the patient became able to give her history, I found that she had been subject to rheumatism when a child. She could remember that, at the age of ten years, she had suffered much from it, especially in her arms. She had not had chorea as a child, and stated that her family was free from any nervous diseases, so far as she knew. At twenty-three, she had scarlet fever. She has two children. When the second was five months old, she had severe pain in her knees, later in the spine, and could not turn in bed for ten days. She was unable to walk for five weeks. This attack was a few weeks previous to her first admission to the hospital. On her return to her home, she remained well and able to care for her family for five months, but ceased to menstruate in March, and had the nausea of pregnancy from the middle of March. In May her younger child was ill and the doctor said she would die. This frightened the mother so severely that she began at once to have clonic spasms of the left arm and leg. Four weeks later she was brought to the hospital. When discharged in December last, she was in good mental condition, and entirely free from rheumatism.

It would seem from the consideration of this case, that rheumatism had been an important factor in causing the condition of this patient. May it not be that her mental condition, when admitted the first time to the hospital, was in some way due to the rheumatic poison acting on the delicate fibrous tissue of the brain in a manner similar to its action on the fibrous tissue of joints or muscles? In the second attack was not pregnancy the cause which maintained the choreic condition after it had been excited by fright, both acting on a soil prepared by the rheumatic poison for any form of nerve explosion? What connection did the coëxisting and longer lasting mania have with the rheumatism which was troublesome at times before she left the hospital, and has returned once since the patient went home? May not these attacks of insanity be what is classed by Clouston as rheumatic insanity, at one time causing

depression and stupor, at another, mania, accompanied by the motor disturbance? Though this patient had had so much rheumatism, there were no signs of organic heart disease. A slight anæmic murmur was distinguishable at times during her first stay at the hospital, but none during the second.

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*LESIONS OF THE VAGINA AND PERINEUM AND THEIR  
IMMEDIATE TREATMENT.*

BY GEORGE R. SOUTHWICK, M. D.

[*Read before the Boston Homœopathic Medical Society.*]

The general practitioner of the future will materially thin the ranks of many specialties of to-day. The gynæcologist at the present thrives on the mistakes of his predecessors; but with an increasing knowledge of the diseases of women the general practitioner is doing more and better work so that with the inroads of the general surgeon the specialist in gynæcology is threatened with extermination.

Lesions of the vagina and perineum within twenty-four hours of their occurrence belong especially to that class of cases coming under the care of the physician in general practice where a stitch in time saves nine hundred rather than the proverbial nine if any ratio of importance is to be expressed, as slight treatment at the right time will do so much to avoid a great deal of special treatment and many ills in later life.

It is not my purpose to review the well trodden ground of this subject, but rather to present some suggestions for discussion and treatment which may not wholly accord with custom or the most recent official utterances. A careful study and examination of these cases has convinced me that we hear quite enough, and very good doctrine too, about lacerations of the perineum, and not nearly enough about lacerations of the vagina. They usually coexist, but the appearance of the perineal laceration is no sure guide to the extent or severity of the vaginal lesion. The more severe vaginal lacerations begin as a rule previous to the birth of the head. The laceration may be single, but more often is double and extends along the sides of the vagina. The laceration on one side usually is longer and deeper than the other. The vaginal tube is torn up loose from its fascial attachments to the levator ani and the latter is laid bare. The sulci are deep, often dipping down to one side or even below the rectum which may be separated partially from its attachments. These sulci do not drain well but serve as pouches for the retention of lochia which decomposes and through absorption causes many of those troublesome and

obscure cases of puerperal fever. These gaping vaginal lacerations do not heal well, but the epithelia gradually spread over the torn surfaces and the result is a large relaxed vaginal tube with loose underlying fascial attachments or what might be termed slack anchorage. This accounts for many of the cases we see almost daily of large vaginas with the anterior and posterior walls tending to roll out through the introitus even when the perineum is in fairly good condition. It is also a good reason why there are so many cases of recurrence of prolapse of the vagina and uterus after careful operations to relieve such conditions.

The diagnosis is easy if pains are taken, but mere separation of the labia will lead to mistakes. The vagina must be spread open with the fingers or retractors and special pains taken to spread the walls apart so that the lines of laceration are plainly visible and can be followed up to the angle of laceration. The finding of this angle is important and should be tested with the finger to make doubly sure as it marks the upper limit of laceration. The depth of the laceration is best tested by inserting one finger in the rectum and drawing the sulcus forward as the vagina is spread open. The laceration generally will be found Y shaped with a short foot and one or the other arm a little shorter than the other. The vagina is torn off transversely, crescent-like, just within the introitus, leaving a tongue of tissue, the posterior vaginal column, in the centre representing the posterior vaginal wall.

The treatment is evident. The lacerated surfaces should be united and in such a manner as to secure good fascial support.

Shall the operation be performed immediately after the delivery of the placenta or at a more remote period? The dictum of obstetrical authority is to operate immediately, but some experience has convinced the writer that this rule has its exceptions. When the laceration does not involve the vagina to any extent, and the patient's condition is reasonably good, then perform the immediate operation. If the vaginal lesion is extensive and the patient has suffered from profuse flowing which often is present, if the patient is profoundly exhausted and particularly if by waiting a few hours the light will be better, the writer is convinced that far better results will be obtained by a few hours' delay. Good light is indispensable for good operating on these ragged deep vaginal lacerations. A few hours' delay gives a chance for the patient to recuperate a little, and ether can be given with less dread of uterine relaxation. It is needless to remark that asepsis is invaluable. Double mouse-toothed forceps are better than single, and needles should be selected with a very short and dull cutting edge. Enough sutures must be used to hold the parts in apposition and drawn

only moderately tight, as they cut out more easily than after the ordinary remote or secondary perineorrhaphy. It is a mistake to use too many sutures; they arrest circulation, diminish nutrition and defeat the very purpose for which they were intended. I am accustomed to use catgut for superficial and continuous sutures; silkworm gut for interrupted, deep and stay sutures. If the operation is performed a few hours after the injury—I do not remember ever to have waited over twelve hours—the entire laceration is thoroughly washed with some antiseptic fluid and carefully freshened in every part with Sims' sharp curette; the torn, jagged edges are trimmed with scissors, and sutures are inserted from above downwards, taking great pains to have a good view of the field, to pick up fascia from the levator ani, to pass the needle well under the sulcus and to use the finger in the rectum as a guide to the needle and to avoid puncturing it. If the laceration in the vaginal mucous membrane is superficial a running catgut suture is sufficient, but in many cases separate silkworm gut sutures are necessary, with sometimes a running catgut suture over them to unite the edges of the mucous membrane and keep out the lochia. Before the vaginal laceration is closed near the introitus, the perineal sutures should be inserted in the usual manner; the vaginal wound is then united by the continuous catgut suture, and the perineal sutures tied. The after treatment is of the usual kind. I have found that a soft rubber catheter on the end of a fountain syringe stem makes the best irrigating nozzle.

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*A SUMMARY OF THE PATHOLOGICAL EXAMINATIONS  
MADE DURING THE SUMMER AT THE MASSACHUSETTS  
HOMŒOPATHIC HOSPITAL.*

BY FREDERICK F. STRONG.

The series of microscopic examinations herein described were conducted during the summer at the Massachusetts Homœopathic Hospital; the writer having been assigned to fill the position of pathologist, in the absence of Doctor Winthrop T. Talbot. They are of interest as illustrating the wide range of pathological conditions to be encountered in the ordinary succession of hospital cases, as well as showing the value of microscopic methods in their application to the diagnosis of disease.

The examinations may be classed under four headings, viz., sputum examination; analysis of urine; examination of blood; and the examination of pathological tissues. The last class

is the most important as in many cases the question of a severe operation is determined by the evidence of the microscope. The determination of the exact nature of growths removed by operation is likewise of great value in forming a prognosis and in determining the treatment to be employed.

The technical difficulties involved in the preparation of tissues for microscopical study form a great drawback to the employment of this means of diagnosis, as in most cases the interval necessary for the completion of the processes of hardening and embedding covers a period of a week, at least, thereby greatly diminishing the practical value of the results.

Much is claimed for the results obtained by the use of the various modifications of the "Freezing Microtome," an apparatus in which fresh specimens are rendered sufficiently firm for sectioning by the action of ice and salt, ether spray, or liquid carbonic oxide. The process, while valuable as a means of obtaining prompt diagnosis, is open to many objections, among which are the structural alterations often caused by the freezing process and by the difficulty of staining the sections in such a manner as to properly differentiate the details of their formation. In the ordinary routine of microscopic work, specimens must first be hardened before satisfactory sections can be obtained. This is accomplished by one of two processes, having as their basis alcohol and chromic acid respectively. The slowness of action of the latter class of agents renders them useless in pathological work, where time is an important factor. Small specimens may be hardened in several days by the alcohol method; or in a little shorter time by using an alcoholic solution of mercuric chloride, but the violent action of the latter solution frequently renders the specimen worthless. After hardening, the tissue must be placed for a certain length of time in each of the following: absolute alcohol; alcohol and ether; 2% collodion; 6% collodion, after which it is imbedded in thick collodion which is rendered solid by the action of alcohol or chloroform, and forms a matrix for the support of the specimen while it is being shaved into thin sections in a microtome. The sections must then be subjected to a tedious process of double staining, clearing, etc., before they are finally ready for examination.

By the employment of a technical routine the details of which will be published later, the writer has been able to condense the above steps into a period of from twelve to twenty-four hours, the method giving sections fully equal to those obtained by the old routine, and insuring a prompt report. It has been employed on a number of specimens removed at the Massachusetts Homœopathic Hospital during the surgical service of Dr. W. J. Winn, and has given satisfactory results in every instance.

Some sixty pathological examinations have been made during the summer, the majority of which are included in the following summary:—

<i>a. Examination of tissues:—</i>	No. of cases.
Fibroma durum.....	1
“ cellular.....	1
Myo-fibroma .....	2
Sarcoma:—small round celled.....	1
“ large “ “ .....	1
“ spindle celled.....	1
“ alveolar .....	1
“ myeloid .....	1
“ endothelial .....	1
Fibro - adenoma:—tubular .....	3
“ “ alveolar .....	1
Papilliferous Cystadenoma.....	2
Carcinoma:—adeno-carcinoma .....	3
“ simplex .....	2
“ medullary .....	1
Fibro-carcinoma (“Scirrhus”).....	5
Epiblastic Carcinoma (Epithelioma) .....	3
Papilloma .....	1
Scrofulous—lymphadenitis .....	1
Total.....	32
<i>b. Ureanalyses.....</i>	13
<i>c. Sputum examinations in</i>	
Purulent bronchitis.....	1
Tuberculosis .....	2
Asthma .....	1
Pneumonia .....	1
Total.....	5
<i>d. Blood examinations in</i>	
Chlorosis .....	2
Secondary anæmia.....	2
Secondary leucocytosis.....	2
Lymphatic leukæmia.....	1
Pernicious anæmia.....	1
Tertian ague.....	2
Total.....	10

In the uranalyses several interesting sediments were observed, one containing a rare form of uric acid crystal, but otherwise nothing of particular interest was encountered.

Of the sputum examinations, one case in which bacilli tuberculosis were detected is of interest, in that no other indications of the disease were present, beyond a very slight apical dullness. The bacilli seen were, as a rule, embedded in the protoplasm of leucocytes, showing that the system was endeavoring to rid itself of the infection. It is in these early cases that pulmonary tuberculosis may be checked, and the microscope is the one means by which the disease may be detected at this stage. The asthmatic sputum contained the characteristic fibrinous "spirals," and also showed several crystals of hematoidin ("Charcot-Leyden," or "asthma crystals.")

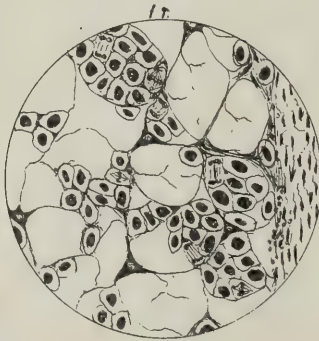
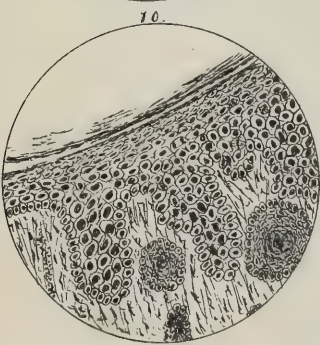
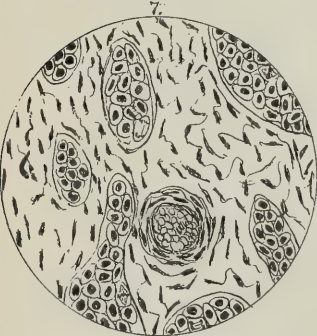
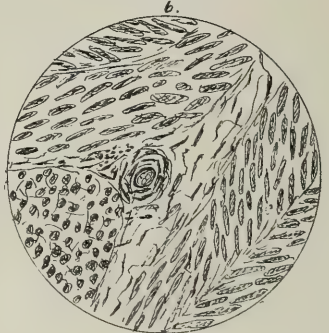
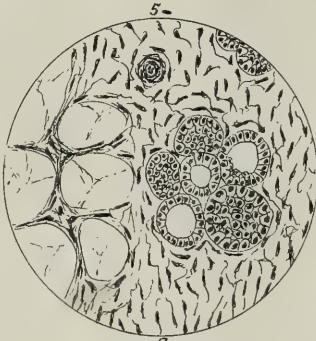
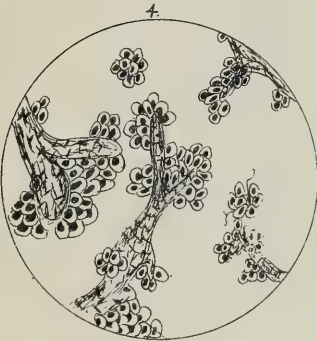
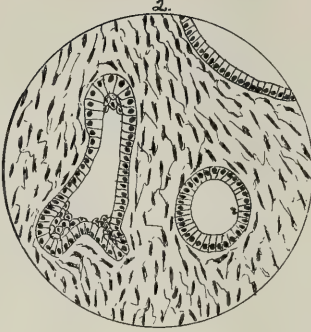
The blood examinations were conducted according to the methods of Ehrlich, the details of which were described by the writer in the June "Gazette." Of unusual interest was the blood of which a field is shown in the illustration (fig. 12); it was taken ten days prior to death, from a man about fifty years of age who was suffering with scorbutus. As may be seen the large and small lymphocytes are enormously increased, a condition seen only in the blood of lymphatic leukæmia. There are extremely few cases of this disease recorded; those which have been described having all occurred in Europe. The scorbutus was doubtless the result of the malnutrition resulting from the preëxisting leukæmic condition. The writer hopes to submit a more detailed account of this case at a future time.

The blood of one of the malarial cases contained a considerable number of red corpuscles infected by the "plasmodium" (*hæmatamœba malarix*). The latter was usually seen in the "amœboid" stage but several instances of approaching segmentation were noted (see illus. fig. 9, e, e, e, infected discs). A peculiar feature is present in the blood of the cases of chlorosis; in every case of this disease examined by the writer (about eleven) the granules of the "Eosinophile cells" assume an oblong, rod-like form, quite different from their normal (spherical) shape. This peculiarity, taken in connection with the increased number of blood "plaques," and the presence of "microcytes," appears to be diagnostic of this disease.

In regard to the tumors, it will be seen that in comparison with the total number examined, quite an unusual variety of species are represented, the above list containing types of nearly every class of tumor with which we are familiar.

Of the tumors of the connective tissue group, the mature type is represented by the simple fibroma (fig. 3), a tumor formed almost entirely of dense fibrillated connective tissue with an occasional area of small-celled infiltration; and by the





myo-fibroma (fig. 6) in which unstriped muscle also enters into the formation of the growth. The two cases of the latter variety of tumor which were examined were both of uterine origin, one being of the sub-serous, the other of the sub-mucous type. The so-called "fibromas" and "fibroids" of the uterus are, in reality, members of this class, a true uterine fibroma being of somewhat rare occurrence.

The sarcomas, or connective tissue tumors of the embryonic type, were frequently met with; in addition to the more common small-round and spindle-celled varieties, several somewhat rare ones were examined: the myeloid sarcoma (fig. 8) was taken from the region of the tibia, from a knee-joint amputation by Dr. G. H. Earl.\* It shows under the microscope various gradations from a fibroma to a mixed-celled sarcoma. The alveolar sarcoma (fig. 11) from the subcutaneous tissue of the neck, is interesting from the fact that it is frequently mistaken for carcinoma; careful study, however, reveals the presence of minute branches of stellate cells, separating the larger cells of the tumor, thereby distinguishing it from the cells of cancer, which are in direct contact with each other, connective tissue occurring only between the groups of cells, as shown in fig. 7.

The latter is from a primary carcinoma of the mammary gland, and is an example of the cylindrical cell carcinoma, which has its origin in the cells of glandular epithelium. The other variety (fig. 10), or epithelioma, is formed by the proliferation of cells from the malpighian layer of the skin, and is, therefore, an epiblastic carcinoma.

Several forms of adenoma were met with: the specimen shown in fig. 2 is of the tubular variety, and is beginning to show a tendency to grow into carcinoma; the proliferating cells, seen at either extremity of the lumen in the centre of the illustration give evidence of this fact. In the alveolar adenoma shown in fig. 5 a similar condition appears to exist, but in reality, the cells which seem to fill several of the spaces, form the lining of a hollow hemisphere into the concavity of which the observer is looking.

The papilliferous cystadenoma (fig. 1) is formed of fibrous processes covered with glandular epithelium, which is distinct in point of origin from the connective tissue upon which it rests. It contrasts well with the endothelioma, or villous endothelial sarcoma, shown in fig. 4, in which the groups of epithelial-like cells are quite distinct from each other, showing that they must have originated from the endothelium of the papillary stroma. It was taken from the peritoneal cavity, while the former tumor is an ovarian growth.

\* The multi-nuclear bodies ("giant cells") have to do with the resorption of bone, and are not, strictly speaking, sarcoma cells.

In reporting the above cases a colored drawing and a permanent microscopical preparation were turned in with the description of the histological structure and the diagnosis.

As far as can be learned, the clinical history of most of the cases has been in accord with the microscopic evidence.

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*THE DEVELOPMENT OF ELECTRO-THERAPEUTICS AND  
ITS RELATION TO THE PRACTICE OF MEDICINE.*

*Address delivered before the National Society of Electro-Therapeutists,  
Sept. 18, 1895.*

BY THE PRESIDENT, WILLIAM L. JACKSON, M. D., OF BOSTON.

*Members of the National Society of Electro-Therapeutists:—*

It is my happy prerogative to extend to you a hearty welcome to the city of Boston. We feel it an especial honor that our city should have been selected as the second meeting-place of this Society, and thus honored, we will endeavor to do our utmost to justify the selection.

On the part of the Society, I want to make formal acknowledgment to all who have aided the success of this convention, and especially to express our appreciation of the constant encouragement and helpful suggestions of our former president, Dr. William H. King, to whom the Society owes its existence and much of its present prosperity.

When we stop to reflect upon the marvellous advance our civilization has made in the last twenty years, we are struck especially by the development of that force which has long been familiar, but of whose practical possibilities we had no conception until recent years. During the years which have elapsed since the Centennial Exposition, we have seen such wonderful development of this agent which we call electricity, and in so many different directions, that we can only find a parallel in the marvellous magic of the Arabian Nights.

Since 1876, the telephone has been perfected and has come into every-day use. The electric light is now common even in country towns. The electric railroad has nearly superseded other methods of urban communication and bids fair to drive from its place the steam engine. The recent discoveries in methods of distributing this power open up vast fields of usefulness of which the most fanciful never could have dreamed two decades ago.

Though electricity has long been used as a remedial measure, yet its marvellous attributes so early attracted large numbers of charlatans and impostors who made use of it to impose upon the credulous, that scientists, loath to be classed with humbugs,

refrained from giving serious thought to its development. But recently great advances have been made for reasons which it may be worth our while to consider.

The newly awakened interest of scientific men has led them to renewed investigation and consequently we now understand better the nature of electricity.

Instruments have been perfected and are now commonly used by practical physicians in their daily work.

There is a more uniform standard of measurement which enables specialists of different countries to compare results.

Electricity as a therapeutic agent is now used by physicians well versed in electro-physics and electro-physiology.

Much insight has been gained into the effects of electricity in disease by the careful and accurate reports of cases from which one can form a just estimate of appropriate methods and dosage to be used. Most prominent among those who have advanced the science in this respect is Apostoli, who gives us models of exact and complete histories.

All who have devoted themselves to this subject in the last few years must recall their disappointment at the insufficient, obscure and unsatisfactory indications for treatment given even by books from the pens of brilliant men like Erb, de Watteville, and Beard and Rockwell. Formerly we had only three or four text-books, but to-day there is at our command quite a library, mostly written within the last four or five years. Of especial advantage to the electro-therapist is the recent International System of Electro-Therapeutics which contains the most advanced thought and methods of many leading authorities. All these factors combine to give electro-therapeutics a place in medicine unknown to it formerly, and make it the duty of every physician to investigate the subject, for if disease can be cured more safely, surely and speedily by electricity than by other measures, he would be remiss in his great responsibility if he did not either make use of it himself or advise its use by some one who is familiar with it.

Just here I want to make emphatic the feeling of all electro-theraputists, that this remedy is not a cure-all, that it has well marked limitations yet clearly defined indications for use. It has a sphere of usefulness all its own which every one must recognize. Because a patient has received no help from an application of electricity, it does not follow that his condition may not be benefited by it. Disease does not always yield at once to medicine, and why should we expect more of electricity? In many diseases a long course of treatment is required before any result is obtained. Take for instance, a case of infantile paralysis where the disease has been present for a long time before coming under treatment. In some of these

cases most satisfactory results have been obtained by steadily following up the treatment for from one to two years. Too common a mistake with those who do not fully understand it, is to apply it in unsuitable cases and at improper times, to the disappointment of the patient and the discouragement of the physician, when this might have been prevented by more careful discrimination in the selection of the form of current and a proper consideration of the dose.

We have at our command a number of currents from which to select, and it requires considerable judgment, based on extensive experience, to decide whether the static insulation, breeze or sparks, the static induced current, the galvanic, the faradic or the sinusoidal is the most suitable. Not only the kind of current, but also its direction, the pole, and the dose, should be taken into consideration and will require as much skill as the selection of a remedy.

Electro-therapeutics is no longer the careless, haphazard practice it used to be, but is developing to the state of an exact science having clearly marked indications for application to different diseases and requiring nice discrimination. The power to successfully differentiate between methods of treatment can only come from close study of the physical effects of the current and careful observation of its effects upon the human subject. The electro-therapist should receive as thorough training for practice as the surgeon, and he will get the best results who is enthusiastic enough to have mastered the subject, and not the half-believer who occasionally dabbles in its use.

That the profession is awakening to the advantages of electricity, Dr. King showed last year in his presidential address before this Society, when he stated that the number of electro-therapeutic chairs in the different medical colleges has greatly increased. Moreover the interest aroused among the fraternity has induced the formation of two flourishing electro-therapeutical societies in this country, as well as smaller local organizations.

The underlying object of this Society is to perfect our knowledge of electro-therapeutics by a mutual exchange of results and ideas. I venture to say that no one in the Society claims a complete understanding of the subject, but all feel that they may receive valuable suggestions from even the youngest beginner. For this reason we welcome to our ranks all in good standing in the profession who desire to make use of electricity. Every one can help the cause by keeping careful records of his cases, his method of administering the current, the doses employed, and, finally, the results obtained. If each member of the Society would do this and would report experi-

ences, whether satisfactory or not, at our meetings, we should have the data for developing and advancing this science to the place where it belongs in the practice of medicine. It should be the aim of every one of us to perfect our present knowledge, and to make careful investigations and experiments in new fields, not for our own advantage as individuals but with the higher aim of benefiting suffering humanity.

Already electricity has a wide sphere of usefulness. Even its physical properties, as heat and light, assist us. By means of its light we obtain a knowledge of internal organs and parts by which we are enabled to treat them far more satisfactorily than we could without its aid. It has been proved that the effect of the electric light on plants is to stimulate their growth and improve their condition. This being a fact, it is reasonable to suppose that it might have the same effect on animal life, and indeed recent experiments with the electric light bath upon the bodies of patients have shown this to be the case.

Its power to produce heat is of especial advantage in surgery where the cautery is used to destroy abnormal tissue. The electrolytic effect we use for the destruction of morbid growths, disfiguring marks on the face and excessive growth of hair. By means of its cataphoric action, we can introduce medicines into the system. By its catalytic effects we may increase the circulation of a part, cause a change in the arrangement of the molecules and even cause absorption of growths or inflammatory products. It is in diseases of the nervous system that it finds one of its most useful spheres of influence. Not only is it valuable in determining the site of disease, but it gives us most helpful aid in neuralgic affections and in paralysis. In neurasthenia we place especial reliance upon it in connection with general treatment. In gynæcology, also, its power has been often proved. In spasmodic affections, in congested conditions, in exudations, in lack of tone of muscles of the pelvic organs and even in tumors, good results may be expected in properly selected cases. In surgery, the electrolytic and cauterizing effects of the current can oftentimes be most beneficially made use of. Above all, it is one of the safest and best general tonics at our command.

To sum up, electricity may be fairly claimed to be one of the most useful adjuvants in the practice of medicine. We do not intend to displace other methods of treatment which may be better in certain cases. The electro-therapeutist desires to walk hand in hand with his brothers in medicine, helping them in places where they are powerless, but leaving to the surgeon, the gynæcologist, the neurologist, each his legitimate work, and asking only for recognition in those cases which can be better treated by electricity than by any other method.

In view of the wonderful development of this science during the past twenty years, who is so daring as to predict the limitations of this marvellous force in the treatment of disease? It requires no great skill at prophecy to foretell that in electricity, medicine of the future will have its most helpful ally.

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*A CASE OF SPINA BIFIDA.*

BY FRANZ H. KREBS, M. D., BOSTON, MASS.

On the 8th of August, '95, I was called in the forenoon to attend Mrs. W. J. B. in her first confinement.

I found her in the second stage of labor; the liquor amnii had discharged two hours ago; the os was well dilated and the head presented high above the brim. The pains were weak and at intervals of fifteen to thirty minutes; by 4 o'clock P. M. the pains came on more frequently, with slight efforts at expulsion. At 7 o'clock P. M. a deformed female child was born; she breathed for about twenty minutes and then expired.

There was a tumor along the dorsal vertebræ which looked like a bladder filled with a dark serum; through it a cleft could be felt in the spinal column. With this exception the child was well formed. I sent it to the medical college of Boston University.

In her sixth month of pregnancy the mother had a great fright. While sitting on a piazza holding a little girl in her lap, she was attacked by two large Newfoundland dogs; she made a great effort to save the little girl from harm.

About one month later while rushing to meet her husband, who had been absent for some time, she tripped and fell backwards.

Family history: Mrs. B.'s mother died of phthisis, her father died of paralysis. Mr. B.'s mother and father are still living, and in good health.

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*THE HAMMOCK FOR PLASTER-OF-PARIS DRESSINGS.*

BY GEORGE H. EARL, M. D.

[*Read before the Boston Homœopathic Medical Society.*]

The use of the plaster-of-Paris jacket, as a spinal splint or support, is common, and its application by means of suspension familiar to you all and need not be described.

The object of the present paper is to describe a method of applying a plaster-of-Paris jacket, without subjecting the patient to the annoyance and pain of suspension.

First as to the jacket itself. Many objections are urged against its use, and other forms of spinal supports have been devised, with much ingenuity, to take its place; but nothing else meets the indications, in many cases, as well as the plaster jacket. Most, if not all, the objections to its use arise from a faulty application. The principal objections usually urged are:—

1. Its weight.
2. The discomfort during application.

The first objection is overcome by a proper construction of the jacket and the second by substituting recumbency in the hammock for suspension.

In order to make clear just what is meant by “faulty,” and by “proper construction of the jacket,” a few words about plaster-of-Paris dressings in general may not be out of place, followed by a description of the particular method of applying the same in the hammock. The usual directions are to prepare the plaster bandages by incorporating a *sufficient* amount of plaster, in the meshes of a gauze or cheese-cloth bandage, and apply (after soaking) as an ordinary bandage over a layer of *absorbent* cotton, and to rub in dry plaster during the application. No indication is given of what constitutes a sufficient proportion of plaster, of how coarse gauze, or how many layers of bandage to apply; yet these particulars are of vital importance, and lack of knowledge in regard to them has led to frequent condemnation of the most universally serviceable appliance known to surgery.

The plaster-of-Paris dressing is not unlike the lathing and plastering of a house. The laths are for the purpose of supporting the heavy plaster, and the plaster stiffens and reinforces the lathing, which would otherwise be flimsy and weak. Too much of one or of the other, or a wrong combination of the two, makes a poor piece of work. If the laths are too near together, the plaster has no chance to hold on, and will fall; or if too far apart, too much plaster goes through. Even if the laths are properly spaced, care must be exercised not to apply too much plaster, or it will fall of its own weight. Two or three inches of plaster not only does not make the wall better, but actually constitutes an element of weakness.

So it is with a plaster-of-Paris dressing. There should be just plaster enough to fill the meshes of the gauze, and no more, and the meshes must be wide enough to receive the plaster. Thus when on, the several layers should be one, by the union of the plaster in the several layers of gauze, and the fibres of the gauze constitute simply lathing. In this way the plaster dressing becomes a light, rigid, porous and perfect

fitting splint, and not the veritable "*plaster cast*" it is so often called.

In preparing the bandages the plaster must be well rubbed into the meshes, and these should be about twenty-five to the inch. The gauze must be *absorbent*, and the bandage rolled loosely enough so that it will quickly soak through and through. A bandage four yards long, and about four inches wide is found to be most convenient for all-around work. Enough plaster should be incorporated in each bandage so that it will never be necessary to rub in more dry plaster during the application. The whole dressing should go on quickly, and the last layer be well rubbed before the others are set, else the dressing is likely to "cleave;" i. e., a layer applied after a previous one has set will not cohere, and thus the dressing will be weak.

Some common mistakes with plaster-of-Paris dressings are:

1. Too much padding with *absorbent* cotton. The padding should be a thin layer of *non-absorbent* wadding. Absorbent cotton becomes wet from the bandages, and mats down, losing its resiliency, and by its decrease in bulk leaves the bandage too large.

2. Applying the bandage too loosely. The bandage should be snug, and a good fit, at the start. It will not stretch into shape, and as soon as it breaks, or softens, it should be discarded. An ill-fitting plaster bandage is like a loose, heavy boot, which blisters the heel and makes corns on the toes. It is even worse, as it is composed of absolutely unyielding material. Hardly anything else in the way of a surgical appliance is so potent for evil as a badly applied plaster dressing.

3. Making the dressing too heavy, fearing that it will break at some point. The dressing should be as nearly as possible of even thickness throughout and usually composed of not more than four or five layers.

4. Including too little in the dressing, and then getting too much motion at the extremities of the dressing. E. g., in applying a bandage for "white swelling" of the knee, it is well not only to extend the dressing to the highest possible point on the thigh, but to include the leg and foot. At the extremities of the dressing protective cuffs should be made, by extending the wadding beyond the bandage, and after the first layers are on, turning the wadding back, and covering with another layer of bandage, which does not quite reach the end of the dressing. A plaster jacket should always extend well below the crests of the ilia, say two or three inches.

5. The mistake is sometimes made of grasping the bandage before it is fully set, and thus denting it. These dents form projections upon the inner surface of the dressing, and neces-

sarily cause discomfort. The part to be included in the dressing, should be supported by grasping the part beyond, or else by allowing it to rest carefully in the hollow of the hand.

So much for the objection of weight, and to plaster in general; and now as to the discomfort during the application of the jacket. It is entirely abolished by the use of the hammock.

Theoretically suspension extends the spine, straightens curvatures, and relieves weight on the bodies of the vertebræ. Practically it does no more in this direction than recumbency and in many cases not as much. The pain of suspension causes spasmodic muscular contraction, which tends to counteract the weight of the body. A child with a sensitive back will struggle during the entire time, and the application of a serviceable jacket under such circumstances is impossible.

The hammock designed by Dr. Bradford of this city is made of strong cotton cloth or light drilling; is five feet long and eighteen inches wide, hemmed at the ends, and stretched upon a pipe frame, by means of suitable rods, yoke, hooks and screw or pulley.

The patient is placed face downward upon it, and incisions made through the cloth along and close to each side of the body, and extending well beyond the shoulders and hips. In applying the dressing the bandages are passed through these incisions around the body, including the portion of the hammock upon which the body rests. After the setting of the plaster the patient is cut out. Obviously the patient is at rest during the entire operation.

In cases of lateral curvature, pressure may be made by the hands or otherwise, at as many points, and in as many directions as is required, and kept up until the plaster sets. By tightening or slacking the hammock, the spine may be flexed or extended at will. In caries slacking the hammock, and extending the spine relieves the weight on the bodies. This of course is of vital importance, and cannot be as well done by suspension. Muscular spasm is quieted and pain relieved.

I have repeatedly seen children, with very sensitive backs, in Pott's disease, go to sleep during the application of the jacket in the hammock.

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**MUSTARD AS AN ANTISEPTIC.** — This universally handy article is strongly recommended for surgical use, not only by its commonness, but also by its almost unequalled antiseptic properties, for disinfecting and deodorizing the hands, before or after operations where septic conditions exist or might be created. — *Sanitary Era*.

**EDITORIAL.**

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

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*THE RED CROSS IN THE FAR EAST.*

The march of medical civilization is most interestingly, stirringly and touchingly illustrated in Mr. de Guerville's paper, recently contributed to *McClure's Magazine*, on "The Red Cross in the Far East." The writer, a war-correspondent, was an eye-witness of the peculiar and dramatic contrasts in the treatment of the wounded, by the two nations whom the thoughtless are wont to regard as equally barbaric, judged by Western standards. The contrast, scientifically speaking, between the brutal and shocking waste of life among the Chinese, who left their wounded to die in agony, and the Japanese who brought to the care of their wounded every resource of trained ambulance service and antiseptic surgery, is only matched by the ethical contrast between the Chinese mutilation, by hideous methods, of their maimed and helpless prisoners, and the Japanese noble humanity and large, sweet generosity toward the wounded among their captured foes. There is not a nation, there is not an individual, who might not take admiring lesson from the study of the latter contrast. And certainly neither individual nor nation has much to teach, in the matter of surgical science, the men whose work in the late war is glimpsed so interestingly in the following extracts from the eye-witness' tale:

"When the civil war broke out in Japan, twenty-seven years ago, the Red Cross Society was a thing unknown there. There were no surgeons, doctors, or trained nurses attached to the forces of either belligerent party, and it was then with the Japanese exactly as it has been with their Chinese adversaries during the recent war. The wounded were left to die on the battle fields, and for lack of medical aid and proper nursing hundreds of men, whose lives might easily have been saved, perished in misery and neglect in the places where they had happened to fall. Soon after peace had been reëstablished, the Japanese applied themselves to the cultivation of Western civilization, and as a natural result began the formation of the

army and navy which have lately won the admiration of the world. Their desire has been to get the best of everything, including not only instructors, weapons, and ammunition, but also the perfection in minor details without which no army can be said to be complete. Special attention has been paid to obtaining signal corps, military telegraphists, and a commissariat of absolute reliability and efficiency. In the march of improvement the medical department was not forgotten, and a Red Cross Society was duly organized, the empress and the ladies of the court taking the utmost interest in its establishment.

"Under the direct auspices of her Japanese majesty, a school for trained nurses was founded in Tokio. I visited it some years ago, and was amazed to observe the perfection of the system which governs it. In all branches of modern surgery and medicine the Japanese have achieved the same success that has crowned their labors in other fields, and many of their surgeons and physicians have already made their mark in the world of medical science. To the chief surgeon of the second Japanese army, who was for many years director of the Tokio hospital, is assigned the credit of a very interesting discovery—that of the wonderful antiseptic properties of ashes. 'The great advantage of this knowledge,' he remarked to me, 'is that one can almost always obtain the ashes. Merely light a handful of straw, for example, and in a moment you have this simple antiseptic, which when applied to a wound will prevent all further complication.' Many trials of the efficiency of this discovery have been made not only in the hospitals in Tokio, but during the war, and all have been very successful.

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"Everywhere, at Kinchow, Tallian Wan, and Port Arthur, the Japanese medical staff and the many aids were constantly at the front, bestowing their attention and skilled care upon friends and enemies alike.

"The military headquarters of Japan are situated in Hiroshima, and during the war the residence of the emperor was in the same city. It is but two miles distant from Ujina, the great seaport from which all the ships and transports were sent. The city lies on a beautiful delta in one of the healthiest and most picturesque spots in Japan. To it the transports brought all the wounded from the field hospitals, as soon as they could safely be removed. I arrived from Pen Yang with a large number of wounded officers, ten days after the battle; for, knowing that a second army was soon to leave Japan for China, I was anxious to follow it rather than to remain with the first army in Corea. The day after my arrival in Hiroshima, I went to visit the hospital, or rather the hospitals. They are

situated on ground presented by the emperor, a short distance from the city, at the back of the old and wonderfully picturesque castle, in a charming little valley divided into gardens and parks, many of which extend as far as the wooded hills which entirely surround it. There are four series of hospital buildings, accommodating a total of more than three thousand patients.

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"The buildings occupied by the common soldiers were equally well kept and clean—so clean, indeed, and so well furnished that nowhere could I detect any of those disagreeable odors always met with in our own hospitals. In these, instead of private rooms, were long dormitories, at one end of which were lavatories and bath rooms. Each bed was covered with a spotless white quilt, thickly padded with feathers, and each man was dressed in a long white *kimono* with a red cross on the left sleeve. They were provided, as I have already intimated, with the best tonics and wines, the choicest fruits, cigarettes, books, and newspapers.

"The surgeon general took the keenest interest in everything, inquiring about the serious cases, carefully examining some of them, and addressing a kind word to all.

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"Among the buildings of each hospital there is one entirely devoted to surgical operations. In one of them, while I was there, the surgeons were amputating a soldier's leg, above the knee. It could not have been done with more dexterity or nicety. The man was a common soldier, and yet, the case being very serious, the chief surgeon of the hospital himself operated. I need not say that the latest devices and methods in medicine and surgery were employed.

"The staff in charge of the hospital was composed of a chief, thirty surgeons and doctors, seven druggists, eighteen head nurses, and two hundred and thirty-eight ordinary nurses.

"The kindness and attention of the nurses towards the patients were beyond description. At their head was one of the most respected women of Japan, Countess Nere, wife of Admiral Count Nere. Like the other nurses, she was very simply dressed in a white linen gown. Many of the wealthiest and noblest ladies of Japan were among her assistants, having left their beautiful homes and given up all the pleasures of life to come to these hospitals and care for the wounded. The noble example set by the empress was followed by women of all ranks.

"On returning with the surgeon general to his office, he showed me a package of disinfectant bandages. Every Japanese soldier carries one of these under his coat, so that as soon

as he is wounded he is able to dress his wound or to have it dressed by a comrade. 'Thanks to this,' the surgeon general added, 'and to the quick attention given to injuries, we can cure in fifteen days a wound that otherwise would require two months.'

"As I was leaving a band began to play in the garden.

" 'What is this?' I asked.

" 'A military band which the emperor has sent to play for the amusement of the wounded. His majesty has ordered a military and a naval band to come here in turn, every day.'

"Where in the world are wounded soldiers or prisoners better treated?

"Nor did the Red Cross Society and the ambulance service neglect the sailors. One of the finest steamers of the Nippon Yusen Kaisha (Japanese Steamship Company)—the Kobe Maru—was fitted up as a hospital, and followed the fleet everywhere. Its magnificent cabins, larger than those of any ship I know, and its beautiful saloons, were transformed into a model hospital.

"No one will deny after this simple statement of fact, that the Red Cross Society of Japan, together with the medical staff, earned as substantial glory in the late war by their good work in the cause of mercy, as did the Mikado's sailors and soldiers by their victories in battle."

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#### EDITORIAL NOTES AND COMMENTS.

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THE CHANGE IN MEDICAL MANNERS which makes the typical doctor of to-day a kindly, cheery, well-bred, all-around gentleman, instead of the funereal and bombastic Bogey of a century or so ago, is pleasantly commented on in an article in a recent issue of *Lippincott's* written by Mr. A. L. Benedict. Anent this transformation Mr. Benedict, among other things, says:—

"A very gratifying tendency has marked the development of the medical profession in the last generation. The slough of mannerisms, the formal dress, the owl-like solemnity, have been thrown off, and the physician, by his own choice, is being adjudged more by his actual attainments than by external appearances. Thirty years ago, a bald head, a white beard, and a long frockcoat were as much a part of the physician's equipment as his diploma. Now, on the other hand, it is no infrequent occurrence for an elderly man of real ability, and modern in his methods of practice, to lose a patient through the fear that he

may not be fully abreast of the times. What can be further from the old traditions than a leading surgeon lounging about in an outing shirt and blue belt, or a distinguished physician playing polo? Yet these amusements are simply a relaxation from the tension of professional study. One of the best indications that people are learning to judge their medical advisers by their merits is the fact that the advertising physicians are being driven to the wall, despite the most specious extrinsic evidences of success that the shrewdest business methods can produce."

IS IT GOOD TEACHING?—Such a question may not unreasonably be asked on reading the following quotation from a recent issue of a noted homœopathic journal. This quotation was not found in the advertising department of the journal in question; it appeared as an editorial note, and presumably has been considered by its readers as sound and reliable teaching. It certainly has the authority of the journal behind it.

"*Passiflora Incarnata in Reflex Disorders.*—In the irregular pains of pregnancy there is nothing better. It is sometimes used for dysmenorrhœa; it is recommended in epilepsy and morphine habit; it acts well in dysentery, relieving the pain and tenesmus; it cures diarrhœa when accompanied by much pain; in the restlessness of fever you will be more than pleased with this remedy; it is invaluable in the clonic spasms of strychnine poisoning; in hysterical convulsions its action is decisive and pleasing; it has been recommended in chorea; in confinements it is a remedy to be thought of when labor becomes tedious, the pains ineffectual, irregular, spasmodic, and excessively painful, the patient being nervous and fretful. Here *passiflora* is of great service; it relaxes the muscles, relieves the nervousness, regulates and increases the force of the pains."

These statements are made with the positiveness and assurance that should only be associated with the utterance of well-established facts, but which are not infrequently found in ordinary trade advertisements. The day is passing when emphatic statements are in themselves sufficient to convince physicians who like to have reasons for their actions. Unfortunately there are still many who, in their eagerness to be up with the times, accept as trustworthy the suggestions and recommendations of those who sit in high places and speak with authority. The annexed quotation from an advertising pamphlet bears a strong resemblance to the foregoing quotation, and makes an equal claim with it to the confidence of its readers and to acceptance as good teaching:—

"The Morphine Habit cured by the use of Conc. Tr. PASSIFLORA or May Pop, a powerful nerve stimulant, tonic, etc. Is also employed in the treatment of paralysis, epilepsy, St. Vitus' dance, chloral and tobacco habits, sleeplessness, nerve exhaus-

tion, neuralgia, alcoholism, painful and deficient menstruation, headache, hysteria, convulsions and prostration from fainting, and the convalescent stage of acute diseases."

"CHRONIC POISONING WITH COFFEE.—At a recent meeting of the Société Médicale des Hôpitaux, a report of which is published in the *Gazette Médicale de Paris* for July 20, M. Gilles de la Tourette read a paper on this subject, in which he said that the symptoms due to chronic coffee poisoning should have special attention called to them, as very often they might give rise to errors in diagnosis which would be very prejudicial to patients. Chronic caffeism was nearly always confounded, he said, with alcoholic troubles, particularly with those affecting the digestive and nervous systems, for the two poisons produced effects which singularly resembled each other. Caffeic poisoning showed itself chiefly in digestive and in nervous troubles, the symptoms of caffeic dyspepsia very nearly resembling those of alcoholic gastritis, such as catarrhal gastritis, saburral tongue, a marked loss of appetite, etc. The distaste for solid food was such that the patients would eat nothing but bread soaked in coffee, and in this way the absorption of the poison was increased and became more and more marked. Nausea, vomiting, and acid eructations, which were sometimes very painful, supervened, and the patient became emaciated and fell into what M. Guellot called caffeic cachexia.

"The circulatory system was also influenced. Palpitation was rare, but a diminution of the pulse was especially observed. The nervous symptoms were frequent and were second in importance to the digestive troubles. There was insomnia, or, when the patient was able to sleep, there were dreams and terrible nightmares. Very frequently a decided trembling was noticed in the limbs, also a fibrillary trembling of the lips and of the tongue, which might become generalized in the other muscles of the face. Painful cramps of the thighs and of the legs might be observed, also troubles of the sensibility, which were not so marked in some patients. The reflexes generally remained unaffected.

"Paralysis due to chronic coffee poisoning, said M. de la Tourette, had not yet been observed, but it was reasonable to suppose that chronic caffeism might produce paralysis. These different symptoms of coffee poisoning were not persistent, as discontinuing the use of the poison was rapidly followed by great amelioration, certainly much more prompt than that which followed giving up the use of alcohol.

"Various troubles affecting the genital and urinary systems had also been observed, but they did not occur frequently. In children an arrest of development had been noticed. These different disorders, said M. de la Tourette, should be especially ob-

served by the physician, and their diagnosis considered important, for, if the cause was discovered and removed, the symptoms disappeared very rapidly."

The preceding clipping from the *New York Medical Journal* is interesting to homœopathists as being largely confirmatory of provings recorded in our *materia medica*, and as calling attention to a set of symptoms frequently occurring as the result of the injudicious use of a common beverage. The therapeutic possibilities suggested by such a marked array of symptoms need not be pointed out.

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### SOCIETIES.

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#### *WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.*

This society held its regular quarterly meeting at the Lakewood Inn, Lake Quinsigamond, on Wednesday, August 14. The meeting was called to order at 11.30 A. M., Vice-President Dr. Carl Crisand in the chair. The records of the last meeting were read. Dr. C. Augusta Latham of Leominster was elected to membership. The names of Dr. Joseph Dutra of Worcester, Dr. Russell Bingham of Fitchburg, Dr. Edward N. Kingsbury of Woonsocket, Dr. Leonard W. Atkinson of Winchendon, were proposed for membership and referred to the board of censors.

In the absence of Dr. Lamson Allen the meeting was given in charge of Dr. J. M. Barton, acting chairman of the Bureau of Neurology and Pediatrics.

The first paper on the programme was given by Dr. George S. Adams of Westboro on "Some Causes for Insanity." He first spoke of the difficulty of obtaining with any degree of satisfaction, anything from the family history that could properly be considered as the real cause of the mental derangement. The predisposing causes are usually of the most importance, and only rarely does it occur that a great mental shock unbalances the healthy brain in a healthy body. Heredity is generally considered the largest factor. Intemperance ranks next in importance as a cause of insanity, the moderate or immoderate use of alcohol being always hurtful; its effects if not observable in the user can be seen in the next generation as nervous instability if nothing more. Diseases of other viscera than the brain may often be a cause for insanity, as pneumonia which is occasionally followed by insanity of an active type; phthisis pulmonalis, while it should not be considered a distinct factor, has a relation to mental derangement, especially to the incurable form known as paranoia, while

heart disease seldom ever becomes a cause of insanity. Diseases of the liver and kidneys while not in themselves a distinct factor in mental depression, do play an important part in insanity by their imperfect action causing an impure condition of the blood supply. Diseases of the reproductive organs have been considered a prolific cause of insanity in women for many years; but the real facts are that diseases of the uterus and its appendages are much less common among insane women than among sane women of the same class outside the hospitals. Rheumatism not rarely causes insanity, while syphilis, as a cause of insanity is not common except in the form known as general paralysis, and in these cases three-fourths of them have given a history of syphilis, usually dating back from ten to twenty years, with the early symptoms not well marked.

But the one factor above all others which seems to be a predisposing cause, at least, of insanity, is continued ill health. Often in cases of paranoia where there is no evidence of hereditary taint, where the ancestors of the family are known to be healthy, there has been a history of long continued ill health. Such patients have never been hearty eaters, were never in the habit of sleeping well at night. These two facts, the poor appetite and poor sleep, have resulted in a poorly nourished brain, and when the numerous harassing cares of life overtax the constitution, morbid thoughts and ideas enter the mind, are retained and mused, and dominate the whole being, ere the friends are aware of the condition, and the mental affection becomes incurable. The admission of chronic forms of insanity is increasing in all insane hospitals; in this state not more than thirty-three per cent can be classed as curable on admission, and ill health seems to be the most important factor as the causation of chronic insanity. The physician should always bear in mind the possibilities in such cases, and administer the right mental as well as the right medical treatment.

As Dr. D. Ette Brownell of Westboro was unable to be present her paper was presented by Dr. Adams. It was a most interesting report of a case of puerperal insanity, interesting on account of its severity and long duration, and from the fact that the patient seemed to be merging into a chronic condition of dementia when admitted to the Westboro Hospital. For one year and three months she had been restless, excited, sleepless, talked incoherently. Her attention could not be gained even momentarily; she was untidy and destructive; a peculiar motor disturbance was exhibited by a continual, jerky nodding of her head, and odd contractions of the facial muscles, particularly those of the mouth, only ceasing during sleep. After several weeks of treatment, her condition was unimproved and it was felt that her case was fast becoming one of chronic dementia,

when it was decided that Extract of Sheep's Thyroid might possibly act as an aid to brain nutrition and give the central nervous system that stimulus which it so much needed. The feeding was commenced by giving two grains of Armour's Dessicated Thyroids (equal to one-third gland) at night. This caused a slight rise in temperature. During latter part of the month she grew more quiet, pulse was strong, and the dose was increased to three grains. Still watching pulse and temperature closely, after two weeks the dose was increased to four grains. The mental condition seemed to improve after the first three weeks of the treatment. It was gradual and there was only one remission of a few days when the excitement was intense. Sleep finally became established regularly, body and brain nutrition seemed to improve simultaneously and recovery resulted three months from the time the use of the Thyroid was commenced. The action of Thyroid is usually first observed by a rise of temperature. This patient had at no time temperature above 102 degrees. Bruce, in his paper, says that he believes the beneficial results are due to the febrile action induced, thus causing more rapid cell metabolism, and that with ordinary care the danger to the patient is slight. From the statistics offered of its value in myxoedema and certain forms of insanity and its action on the system generally, it would seem to be worth while to experiment in certain cases of impaired nutrition, particularly if the nervous system seems at all at fault.

At 1 o'clock the meeting adjourned for the fish dinner which was served on the eastern veranda of the hotel. Covers were laid for thirty-five and the pleasures of the repast were enhanced by the merry mood of the party, the beautiful view, the delightful breeze, and all the charms of a perfect summer day, making the occasion one long to be remembered for its professional stimulus and pleasant recreation.

At 2.30 P. M. the afternoon session opened, Dr. Lamson Allen in the chair. A scholarly paper entitled "Mind in Medicine" by N. W. Rand of Monson was listened to with close attention. Discussing the relations which mind and matter sustain toward each other, the author inclined to the view of the great English scientist and philosopher, Herbert Spencer, that mind takes the precedence. Dr. Rand's line of logic was this: "1, Functions precede organs and lead to their development. 2, Functional disturbances are apt to precede and favor the development of organic disease. 3, Improvement of function in a diseased organ favors the restoration of the organ. 4, The mind to a large extent controls function."

The next point was the question "whether mental influences have disease-producing qualities, and consequently, by the law

of *similia similibus*, remedial powers." Numerous instances were cited to prove their pathogenetic power. On the other hand their therapeutic value was shown in the faith cures claimed by all religions, in the powerful hold upon human minds exercised by mesmerism, hypnotism, Christian Science, and last of all the Keeley cure. Although the author did not discard medicines as remedial agents, he leaned to the view that much of their effectiveness is due to mental as well as physical causes. An animated discussion followed the reading of the paper.

The last paper of the day was given by Dr. Lamson Allen on "Acute Peripheral Neuritis," dealing with the history of the disease, its various causes, symptoms, diagnosis, prognosis, and treatment, including electricity and massage. Three cases were cited. The hour being so late the discussion of the paper was left over until some other time.

The meeting adjourned at 4.30 P. M.

AMANDA C. BRAY, M. D., *Sec.*

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HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN  
MASSACHUSETTS.

The regular quarterly meeting of the Homœopathic Medical Society of Western Massachusetts was held Sept. 18, 1895, at Cooley's Hotel, Springfield, Mass., according to adjournment. President Spencer called the meeting to order at 11.30 A. M. The report of the secretary was read and accepted. On account of the absence of the censors, their report was postponed. As there was no other business the meeting was placed in the hands of the chairman of the Bureau of Physical Diagnosis and Organs of Special Sense, Dr. J. H. Carmichael of Springfield. The papers reported were:—

I. "An Interesting Case," Dr. H. R. Sackett.

This paper was of much interest, and caused no little discussion among the members present. Dr. Sackett had diagnosed the case as a floating kidney and advised an operation; consent was given by the patient, and at the operation which confirmed the diagnosis, there was found a gall bladder distended with gall stones; the patient had never suffered from these and it was the opinion of a number present that such cases are quite common. Unless the gall bladder becomes inflamed, it retains the stones, giving no inconvenience to the patient. After the operation, the patient died of hemorrhage of the stomach, and

at the autopsy several ulcers were found of many years' standing.

II. "Muscular Asthenopia," Dr. W. P. Wentworth.

Dr. Wentworth first gave a short history of the study of this subject and the results of operative treatment, which, as yet, are not very satisfactory.

In discussion, Dr. Clarke of Worcester said he had made a special study of this subject for the past three years, and was glad to know the results of others in this line of work. He thought we were just in the beginning of the subject and believed the operative treatment had been overdone; it had been his experience that prisms often do not give relief.

Dr. Wentworth thought that when the deviation was slight an operation was beneficial.

Dr. Rand of Worcester wanted to know what per cent of people had heterophoria.

Dr. Wentworth gave as his opinion that about twenty per cent were thus affected.

Dr. Carmichael said he had found that physostigma sixth would often give relief in headache due to eye strain.

#### AFTERNOON SESSION.

The censors reported favorably upon the following candidates for admission to the Society: H. R. Sackett of Holyoke, A. T. Schoonmaker of Westfield, G. R. Spooner of North Brookfield, F. A. Woods of Holyoke.

III. "Adenoid Growths of the Naso-pharynx," Dr. Edward D. Fitch.

This was a very able and interesting paper. The leading symptoms of this disease are mouth breathing, a certain facial expression and a dead tone of voice with inability to pronounce certain consonants. The results of this disease are defective hearing, often deafness, a predisposition to lung trouble and injury to the voice. Dr. Fitch advised removal of the growths early by the use of the finger nail as a curette. In the discussion it was given as the opinion of most of those present that general anæsthesia was necessary before operating.

IV. "Purpura Hæmorrhagica—A Case," Dr. Carl Crisand.

Baby Q, ten months old, healthy until the 14th of June when it had swelling of eyelids and purpuric discoloration on the body. From then on until the last of August, when it died, there were repeated attacks of swelling and discoloration; at times hemorrhages from the bowels and suppression of urine. About a month previous to her first sickness she had been vaccinated, which did not seem to take; there was no areola and only a slight scab. Nine days after first attack a pustular eruption appeared on the left side of the body. It remained on the

chest and arm until death; on the left shoulder blade were several small pustules and one fair-sized one looking like chicken pox. The remedies used were Lach., Apis and Ars.

In the discussion, various opinions were advanced, some thinking the vaccination was the cause.

ELMER H. COPELAND, *Secretary*.

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*NATIONAL SOCIETY OF ELECTRO-THERAPEUTISTS.*

The third annual meeting of the National Society of Electro-Therapeutists was held in the parlor of the State Suite, Hotel Vendome, Commonwealth Avenue, Boston, Sept. 18 and 19. The first session of the Society was called to order at 10.30 A. M., the president, William L. Jackson, M. D., of Boston, presiding. The first business was the reading of the annual reports of the secretary and treasurer. The financial condition of the Society was reported good, and the secretary, Dr. Clara E. Gary of Boston, announced that twenty-five new members had been admitted during the year, making a total membership of one hundred and twenty-six.

The president, Dr. Jackson, after welcoming the Society to Boston, delivered his address, entitled: "The Development of Electro-Therapeutics and its Relation to the Practice of Medicine" (which may be found in the present issue of the *GAZETTE*).

Bureau of General Electro-Therapeutics. A. K. Crawford, M. D., Chicago, chairman. In the absence of Dr. Crawford, Dr. W. H. King took charge of the section.

The first paper was by W. H. King, M. D., of New York, and F. M. Frazer, M. D., of New York, entitled, "Some Experiments on Cataphoresis and Anaphoresis."

"Electrical osmosis may be divided into cataphoresis and anaphoresis, or anodal and cathodal diffusion. Some claim that it is due entirely to a physical, others to a purely chemical phenomenon. The result will have to be settled by discussion." They then gave a few experiments.

"Catalytic Effects of the Galvanic Current." Charles Porter Hart, M. D., Wyoming, O.

"Though these effects are to a great extent hypothetical, yet the curative influence of the current in many forms of nervous and organic diseases is a well established fact. There is a diversity of opinion regarding the various actions of the current, but all agree as to the reality of the changes denoted by the term catalytic action, wheher they affect the nutrition of the part, or are due to change of circulation and movement of fluid in the tissues. In acute and subacute cases I place the Ca. to

the seat of the trouble, while in chronic cases, especially complicated with paralysis, I use the An., which is in contradistinction to Erb and others, who recommend the An. over the seat of trouble in neuritis, whether simple or complicated, acute or chronic." Dr. Hart then cited two cases, one of simple neuritis of the median nerve, and the other, neuritis of the brachial plexus complicated with paralysis. When *Ca. stabile* was placed over the seat of the trouble, cure resulted in both cases.

"Is the Practice of Electro-Therapeutics a Fad Practice?" E. S. Bailey, M. D., Chicago, Ill.

"I am prejudiced in favor of electro-therapeutics because of the excellent results I have obtained in my practice, and because I believe it is a system that has in it a great deal of good, and is yet in a state of development. Those who call it a fad do not understand it, and could not switch the current on or off or select a case where the current would be indicated or counter-indicated. In the light of true criticism, I protest against the haphazard statements of those who deride the system, on the basis of their ignorance and prejudice, rather than by their scientific attainments."

"First Principles of Electricity," Mr. J. Emory Clapp, of Boston.

"There seems to be a misapprehension of some of the primary laws regulating the electric current among even those who are often quoted as electrical experts by the daily press of the country. Almost invariably in speaking of the dangers attendant upon the use of electricity, the question as to how many volts it takes to kill a man will be discussed at length; whereas in reality it is the volume or current strength that affects the human organization fatally, and the number of volts has very little to do with it beyond the fact that it is necessary to have a certain pressure in order to force any requisite volume of electricity through a definite resistance. It does not seem strange, therefore, that there should be some few members of the medical profession who have a good knowledge of therapeutic principles as regards the application of electricity in medicine, but lack a thorough knowledge of some of the fundamental laws governing the electric current, and it is more especially to such that this paper is addressed."

In discussing the ampere, the unit of current strength, it was said: "Perhaps the idea of the strength of an electric current could be best represented to a medical man by a comparison with a solution of some drug for external application, for instance, a solution of cocaine of a known percentage. As you increase or decrease the percentage of cocaine in your solution, so you can likewise increase or decrease your current strength."

This, you see, has very little to do with your quantity, for you could apply any number of minims of the cocaine solution that you pleased, and that would give you the basis on which to figure the amount of cocaine used. In like manner, by applying a current of a certain number of milliamperes for a given length of time, you can calculate the quantity of electricity."

"Electricity in Dyspepsia," M. T. Gerin Lajoie, M. D., New York.

"I have observed over sixty cases of dyspepsia cured by electrical treatment, but will cite only four, three of which were cured by static electricity, and one by the faradic current, after a term varying from eight to twelve weeks, all the bad symptoms which usually accompany that trouble, such as headache, nausea, vomiting, costiveness, and palpitation of the heart, having entirely disappeared, and the patients being able to digest anything eaten. From numerous observations I have come to these conclusions: In every case of dyspepsia static electricity will cure or help to cure, even a case of cancer of the stomach being greatly benefited by it. Neurasthenia and hysteria manifesting themselves by dyspeptic symptoms are always cured or benefited by electricity. It stimulates the general nutrition, correcting any insufficient or perverted innervation of the stomach, and regulates the action of the glands of the stomach, and the hydrochloric acid in the stomach. Our organism is a thermo-electric cell with this difference: a thermo-electric cell receives heat and returns electricity, while our organs receive electricity and return motion, sensation or trophic action. The body appropriates for its wants just what it needs; the surplus is done away with through the soil. Begin treatment with small doses and gradually increase until the maximum beneficial dose is reached, the state of your patient being your barometer. Electrotherapy will help in every disease where the nervous system is a factor. By using the static and faradic current combined, the body is receiving what comes the nearest to perfection in electricity, for what is wanting in the one is supplied by the other, static having enormous tension and no quantity, and vice versa in faradic."

"The Difficulties of Utilizing Commercial Currents for Therapeutic Purposes from an Electrician's Standpoint," Mr. T. F. Livingstone, New York.

"Treatment of Rheumatism by Electricity," Chester G. Higbee, M. D., St. Paul, Minn.

"I have had thirty years' experience in the treatment of rheumatism by electricity, and have had excellent results in many cases. I have taken careful notes of the history of each case and have selected the course of treatment as carefully as the internal remedy, which I invariably give with the treatment,

and also use the same remedy locally, by saturating the positive electrode with it, and applying it to the diseased parts. In sciatica, electric massage gives excellent results, using gently at first, gradually increasing the strength of current and the pressure, until every part of the diseased tissue that is accessible is treated. If it is true that all pathological changes except those produced by traumatism have their beginning in a deficient nervous vitality, what treatment can be more rational than the use of electricity in all primary cases, as well as in secondary conditions?"

The Society then adjourned, to meet in the afternoon.

The second session was called to order at 2:25 P. M.

Bureau of Diseases of the Nervous System, E. P. Colby, M. D., Boston, Chairman.

"The General Therapeutic Effect of the Alternating Current of High Frequency and High Tension," Dr. G. Apostoli, Paris, France.

1. Alternating currents by high frequency and high tension exert a powerful action on all living bodies.

2. The first method of applying these induced currents is to place the patient free from all contacts with electrodes in the circuit of a long solenoid traversed by the currents.

3. Although they produce no sensation, and have no apparent effect on the motor or sensory nerves, yet they have a powerful influence on the vaso-motor system.

4. The general therapeutic applications to be deduced or confirmed by clinical observation, more than 100 patients having been greatly benefited by it.

5. These currents exert a most powerful and beneficial action upon diseases due to slackening of nutrition by accelerating organic changes and combustion.

6. When daily séances are given, each lasting fifteen minutes, we find a general progressive improvement in the general condition.

7. The diseases which have appeared incurable by this treatment, are those not associated with well-defined organic changes, such as hysteria and neurasthenia, also certain localized neuralgias are refractory to this form of treatment.

8. The diseases which have derived the most benefit from this agent belong to the arthritic class—rheumatism and gout.

9. In certain diabetic subjects constant improvement in the general condition has been manifested.

In conclusion, the currents of high frequency and high tension introduced with electro-therapeutics greatly increase the field of medical electricity. They furnish general medicine with a new and valuable means of treatment, capable of modifying more or less profoundly the process of nutrition.

"The Electrical Treatment of Locomotor Ataxia," William H. King, M. D., New York.

The first electrical treatment of locomotor ataxia dates back to the time of Remak, and it has been employed by a great majority of specialists throughout the world since then. One advantage of this remedy is that it does not interfere with medical treatment. Its action is not confined solely to the early stage. The doctor divides the fifty cases he has treated into four classes: First, the congestive stage; second, where the ataxia is noticeable, and yet there are no complications of the bladder or other organs; third, where locomotion is difficult, and the functions of various organs have been interfered with; and fourth, where locomotion has failed entirely. These fifty cases are from private practice, and five were of the first stage, twelve of the second, twenty-seven of the third, and six of the fourth.

With galvanism the doctor recommends an ascending current along the spine. The negative electrode is placed on the back of the neck, or in the subaural position, as recommended by Erb, and the positive, stable on the sacrum, for from ten to fifteen minutes, and then transverse through the spine—positive on the abdomen and negative on different parts of the spine, the whole treatment occupying about thirty minutes, and the current strength varying from ten to twenty milliamperes; this should be repeated every other day.

The use of static electricity of late has attracted considerable attention, and holds a prominent place in the treatment of locomotor ataxia. The doctor says that "The cases in which it is indicated should be carefully chosen, and promises should not be given regarding its permanent effect."

In specific cases which had been under proper medical treatment before they came under the doctor's care, the improvement with electrical treatment was marked. Large doses of the iodide act much better when galvanic stimulation is given. Those cases of traumatic origin were benefited most by the treatment with electricity.

A case of Bell's paralysis, contracted while riding in a trolley-car, was reported by Julia Gould Waylan, M. D., Philadelphia, cured after sixth months' treatment with the galvanic current.

"The Selection of the Current in the Treatment of Neuritis," N. B. Delamater, M. D., Chicago.

"In the treatment of any disease the first consideration after making the diagnosis should be what must be accomplished in order to bring about health and how to bring about the desired result in the shortest time. Where inflammatory products are present other means than electricity must be used to bring about absorption, although the galvanic current might be used

as an adjuvant in some cases. But the absolutely essential element in the treatment of neuritis by any means is rest. The galvano-cautery may be used to advantage in simple acute cases by drawing a cautery pencil very lightly over the cutaneous surface, along the course of the affected nerve."

"The Mitigating Effects of Spinal Galvanization, upon the Subjective Symptoms of Tabes," Frank C. Richardson, M. D., Boston.

"Authors, in writing of the treatment of locomotor ataxia, mention that spinal galvanism has been recommended, yet Gowers, Wood, Spitzka, Mitchell, Stow, Putnam, Hammond, Hamilton, Ranney and Walton have all failed to find spinal galvanization even palliative. In lieu of this I give my own experience in observing a number of cases which convinced me of marked benefit derived from the treatment by electricity. In treating I make the cathode the cervical electrode; the anode is placed on the lumbar spine and a current from fifteen to twenty-five milliamperes is passed for three minutes, then turned off, the anode moved up about its length, current passed for same time again, and this process repeated until every part of the spine has been covered. In no case have I been able to see positive evidence that the progress of the disease has been arrested, or greatly modified, but the improvement in general health consequent on the relief from suffering has in the most of the cases been marked. I believe the unsuccessful use of spinal galvanization in tabes, reported by authors, has been due largely to defective methods, and disappointment of too great expectations. While I have never seen a case of tabes cured by electricity, I wish to state emphatically that for the relief of symptoms I have seen galvanism serve a more useful purpose than any other remedy."

"Do Electrical Currents Affect the Spinal Ganglia?" E. P. Colby, M. D., Boston.

Dr. Colby maintained that in certain diseases of the sensory sphere, like locomotor ataxia, a portion of the pain is induced by irritation of the posterior roots and spinal ganglia, and that, as electricity is usually administered in these cases, these organs are but partially affected by reason of the great resistance of the osseous tissue. A transverse path from one side of the arches to the opposite would give a more direct and complete circuit, especially if the point of application is opposite the intervertebral notches.

The evening session was called to order at 8 P. M.

"Faradic Polarity—A Problem," by F. M. Frazer, M. D., New York, was the first paper read. Then came "The Disintegration of Organic Tissues by High Tension Currents," J. Inglis Parsons, M. D., M. R. C. P., London.

Dr. Parsons said that he was led to infer that some disintegration took place from watching clinical effects produced on malignant growths as far back as 1888, but has only been able to demonstrate the fact recently, by the high tension current, and prophesies a great future for it, although it may be many years before it will come into general use, on account of the difficulty of the subject, and the fact that very few men in the profession have made it a study. The method will not be suited for all cases, as it will be necessary to know the position, extent and limits of the disease, or part of the growth would be untreated and failure result; also a thorough knowledge of the use of electricity must be had by the operator, or he may not include all the cells in the area disintegrated. I am unable to lay down details for each particular case, or say how far the treatment may be carried on, but I am sure that life may be prolonged and even saved, in many cases where nothing further can be done with the knife, provided the patient comes for treatment directly recurrence takes place, and when the disease is still local.

As a result of many investigations I arrived at these conclusions:

1. That the alternating voltaic current in sufficient strength did more than the constant current, causing injurious action on living cells throughout its path.

2. That the injury to living cells was not sufficient, in all cases, to produce the desired result, viz., atrophy.

3. That if to surmount the difficulty the strength of the current was further added to, the increased quantity of electricity caused too much heat and caustic action around the needle points and was followed by sloughing. My ideal method was to produce atrophy without sloughing, and I concluded that I must rely more upon a high E. M. F. than on the quantity or strength of the current and try the effects of a transformer by which quantity is turned into pressure. The increase in pressure would cause a greater disruptive action, while the diminution in quantity would reduce in proportion the caustic action at the poles. I hoped by this means to obtain an equal destructive action from the point of entry to the point of exit without any excess at the points of the needles. I therefore decided to investigate the action of a powerful induction coil, the result of which I place before the Society. Rheotome was selected with a handle attached to be worked by hand. A single interruption could thus be given, and any interval of time allowed between it and the next during the operation. A special coil was constructed under these conditions: (1) that the coil should give a spark six inches in length through the air; (2) that the resistance of the coil should be kept down as

low as possible, by using thicker wire than usual; (3) that the operator should be able to increase or decrease the strength of the current with precision and rapidity whenever required; (4) that the current breaker could be worked by hand if necessary as well as automatically. The secondary coil of this machine acts as a transformer. The large volume of electricity, about fourteen amperes, poured out by the accumulators through the primary coil, is converted into greater pressure, or E. M. F., with a corresponding decrease in the quantity of electricity in the circuit.

The result of this is a very little electrolysis, and little or no caustic action takes place when the discharge is sent through a tumor.

"Polyphased Currents and Their Effects," Prof. William L. Puffer, Boston.

Professor Puffer said that the ideal dynamo at present consists of a large magnet with its polar surfaces opposite; between these surfaces is revolved a single rectangular turn of wire. This dynamo will give two impulses of current with each revolution of the coil, one impulse being in the opposite direction to the other, or, in other words, an alternating current. Such a current may vary uniformly in a smooth curve or may be very irregular with abrupt changes like saw teeth of peculiar shapes, according to the shapes of the poles of the magnet.

The so-called direct current dynamo has a great many of these loops so arranged that at no time will there be any wavering of the combined currents of all the coils, each one of which does give an alternating current.

Between these two extremes may be dynamos so arranged as to give two or more alternating currents at the same time, as, for example, a three-phase dynamo, delivering over three wires alternating currents which are out of step with each other by exactly one-third of the length of each alternative. This may be considered as a combination of three dynamos in one, and there is nothing peculiar about the currents except that there are three of them instead of one, as in the ordinary alternating dynamo.

The chief interest in these three-phase currents lies in the effects produced by them when traversing coils of wire properly placed on masses of iron, as for example an iron ring. The current in the first wire may at its maximum strength produce a magnetic field in the iron ring in a certain direction; when the second current becomes maximum it produces this same magnetization one-third of the circumference of the ring away, and the third current removes the magnetic poles another third of a turn; then the first one again moves it a third. In this way a moving pole is produced in a fixed mass of iron

by the progressive rise and fall of these three separate alternating currents. Step-up and step-down transformers are made of any size, which will give out currents in almost any desired voltage or current, or they may even be so arranged as to receive a three-phase current and deliver a two-phase.

The paper was illustrated by a number of lantern slides of diagrams and details of electric machinery, without which it would have been difficult to present a technical electrical subject in so short a time. An extensive set of lecture-room models of dynamos, motors, transformers, and experiments was used to put the subject into tangible shape.

"Polyphased Currents," Profs. E. J. Houston and A. E. Kennelly, Philadelphia.

Polyphase currents are alternating currents of the same frequency, differing mutually in phase by a definite amount. Although the number of such currents is unlimited, in practice rarely more than three are employed. When two such currents are provided they are called di-phase, and when three, tri-phase. The frequency of an alternating current is the number of to-and-fro movements or double vibrations per second, of the current, being comparatively low in the commercial application of electricity, from 140 to 25, while in the electric oscillations constituting light, the frequency is hundreds of trillions per second. The strength is measured in amperes; thus a current operating an ordinary incandescent lamp is about half an ampere, to operate a telephone about one ten-thousandth of an ampere, and in electro-therapeutics is from a small portion of one-thousandth of an ampere to about ten milliamperes, although greater strengths are occasionally used. An alternating current, in its to-and-fro motion, produces electric waves, the form of which varies according to character of the apparatus producing it. Thus, with a commutator, the wave is of a rectangular shape, the current rising to its full strength at each reversal, but the typical form, or that having the least average variation in current strength, is known as the sinusoidal or sine wave and is the smoothest that can be produced.

From a physical point of view it is not probable that any peculiar physiological effect can be expected by the use of multiphase currents in contradistinction to ordinary uniphase currents. If the existence of such effect can be demonstrated, it will be dependent upon the existence of some time relationship between the development of the current waves in regions where they cross each other's paths at nearly right angles.

"Electro-Magnetic Basis of Physiology," Prof. A. E. Dolbear, Tufts College, Mass.

A living thing is made up of protoplasm which consists,

according to the various forms of life, of a great number and variety of cells, or of one simple cell. Some microscopists claim a small network or mesh in this living cell, in which chemical action takes place, thus supporting the idea of mechanical structure as an essential condition for living matter. A minute speck the one ten-thousandth of an inch in diameter can hardly show any organization if it has it, but its movements, growth and multiplication may be seen. This speck is made up of millions and millions of atoms.

As all kinds of atoms exhibit electrical and magnetic phenomena in some degree depending upon their condition, environment and combination, it appears needful to assume for atoms of all kinds of matter electric qualities which are as inherent in them as any of their other qualities, as gravity, elasticity and mass. For the explanation of the simplest chemical reaction it is now held that each atom possesses a definite electrical charge and all reactions represent transformations of electrical energy. No chemical action can possibly take place when the conditions do not allow electrical changes. The meaning of this to the physiologist lies here. Every physiological action represents a chemical change, and this change is the same inside as outside the body, and therefore the effect of electrical phenomena. All the elements are subject to magnetism in various degrees, and temperature disguises the effects in a marked manner; thus oxygen is slightly magnetic at ordinary temperatures, but is strongly so at 100° C.

Such a statement implies that magnetism of the body depends on temperature, but magnetism is a property of the atoms themselves. What we call magnetizing a piece of iron only means that its molecules are arranged in such a manner that the magnetic fields of all the atoms act conjointly; the atoms are no more magnetic than before. For these reasons electro and magnetic are combined to indicate that when there is a magnetic disturbance, then electrical phenomena appear. Every organ of the body is of an electro-magnetic nature, and every change is a change in electro-magnetic units, with disturbances in magnetic fields, in electric charges and transient currents. And the basis of physiological activity of every kind is electro-magnetic. The body is an electro-magnetic machine, and electro-magnetic conditions regulate all its functions. These considerations give validity to a rational basis for electro-therapeutic study, and we may look forward with confidence to the time when all kinds of ailments will be intelligently met by electro-therapeutic practice.

Mr. J. A. Gladstone of New York read a description of the Kennelly alternator, or sinusoidal machine.

At 10.45 the Society adjourned.

THURSDAY, SEPT. 19.

The morning session was called to order at 10 A. M., by the president.

Dr. Clara E. Gary, the secretary, then appointed a committee to report on the president's address, consisting of Drs. W. H. King, E. P. Colby and F. M. Frazer.

A Committee was appointed by the chair to nominate officers for the ensuing year, consisting of Drs. Colby, Waite and King.

Bureau of Electro-Surgery, L. Willard Reading, M. D., Philadelphia, chairman. Dr. Reading being absent, Dr. Frazer took charge of the Bureau.

"Cases of Malignant Growth Treated by Electro-Puncture," L. Willard Reading, M. D. A report of three cases of malignant tumor of the breast treated by electro-puncture resulting in the cure of all three, it being nine years since the first, four years since the second, and several months since the third. Two of these cases refused surgical treatment, but the third had an operation performed, and the growth returned. In all three cases the treatment was commenced with percutaneous galvanism, followed by electro-puncture.

"Some Points in the Treatment of Stricture of the Urethra by Electrolysis," W. H. King, M. D., New York.

"According to recent authors, most of the strictures of the urethra are located close to the bulbo-membraneous junction of the urethra, and the most of the failures are when it is located at this point. I believe the causes of failure are: First, a lack of proper knowledge of the anatomy and physiology of the immediate structures, and the effect the current has upon a portion of the structure; and second, to improperly constructed instruments.

"The curve of the urethra is the same as that of a circle  $3\frac{1}{4}$  inches in diameter, and the proper length of the arc of such a circle is  $2\frac{3}{4}$  inches. The fixed curve of the urethra proper begins  $\frac{3}{4}$  inch in front of the bulbo-membraneous junction. I have tested eleven urethral electrodes representing as many different makers, and they have all been too straight, especially in the last inch of the electrode. The bulb therefore did not enter the rigid portion of the membranous urethra at the proper angle, but tended to strike below it, producing spasmodic contraction of the 'cut-off' muscle. To obviate this spasm and treat stricture at this point with electricity, take simply a steel sound with the proper curve, so far as the point is concerned, with a bulb properly insulated  $\frac{3}{8}$  inch from the end, which is two sizes larger, American scale, than the rest of the instrument. The size of stricture is diagnosed and the proper electrode selected, thus allowing the instrument to pass until the bulb is brought fairly against the stricture. The current is then turned on. If a spasm of the 'cut-off' muscle occurs, it contracts on the pro-

jecting steel point for a moment or two, then relaxes. Hold the instrument in position with slight pressure against the stricture; the spasm will soon cease, and the full effect of the bulb in passing the stricture will be obtained. This instrument is much more easily introduced, and it is just as certain in its curative effect."

"Electricity in Orificial Treatment," C. A. Weirick, M. D., Chicago.

The doctor cited several cases of disease of the bowel, rectum, uterus and urethra having been treated with marked success by electricity, but made a point of the fact that he did not believe that hemorrhoids, one of the most common complaints, should be removed by electricity.

"Hypertrichosis and its Treatment by Electrolysis," John L. Coffin, M. D., Boston.

"Hypertrichosis is a growth of hair which is abnormal, either as regards length, extent or location. It is either present at birth or appears later in life. This disfigurement is more apt to be found in brunettes than in blondes, though the blemish in the latter class is so much less prominent and obtrusive that perhaps they only less often present themselves for treatment.

"The cause is really obscure. The methods by which this blemish may be removed are by epilation, shaving, application of depilations and caustic pastes, and by electrolysis. All these methods are to be shunned, except the last, for the reason that they are not permanent, and the treatment surely tends to an increase of the trouble. We cannot condemn too severely the many widely advertised nostrums for the permanent removal of superfluous hair. Their disastrous effects may be more far-reaching than appears on the surface, as was evidenced in a case that came to my knowledge, when the application of an advertised remedy for the removal of a downy growth of hair on the upper lip and chin was succeeded a few weeks later by a profuse growth of strong hair which so affected the patient mentally as to make her nearly insane.

"Electrolysis is the only known method to insure permanent destruction of these hairs, with little or no resulting deformity. Not every lady, however, who presents herself for treatment is a proper subject, especially young ladies with a good complexion, who present a growth on the upper lip, and sometimes on the chin, which is perceptible, when the hairs are a little longer but not much coarser than the ordinary, or when the closeness of the growth is such that its removal would be liable to result in greater disfigurement than the growth presents. In general I may say that it is not advisable to remove hairs less than .02 or .03 millimeters in diameter. It is my custom to advise such cases to do absolutely nothing, unless at some future time some of the hairs grow stronger and coarser (as

they inevitably do), when they can be easily and successfully removed.

"Two questions of great importance to the patient at least remain to be answered. How many hairs will return? Does the removal of the coarse hairs stimulate the growth of the remaining fine ones? As regards the first no stated ratio can be given. Suffice it to say that under the skilful application of electrolysis very few and often none return. As regards the second question I can answer only from my own experience, that only exceptionally and only in those cases where there is a very abundant growth of fine hair besides the coarse growth does any increase seem to result. I say, seems, because with a thick down upon the face, the probability is that some of the hairs would grow coarse anyway."

Dr. King reported from the committee on the president's address, the following resolution:—

"*Whereas*, The committee heartily endorses the sentiments expressed by the president in his address, and earnestly requests the Society to maintain the high standard which he has suggested in regard to the education of physicians in electrotherapeutics; and

"*Whereas*, his remarks concerning quackery are singularly opportune;

"*Resolved*, That this Society do its utmost to keep electrotherapeutics on a purely scientific basis."

The resolution was unanimously adopted.

The nominating committee reported the following list of officers for the ensuing year: President, Dr. A. B. Norton, of New York; first vice-president, Dr. F. A. Gardner, of Washington; second vice-president, Dr. Clara E. Gary, of Boston; secretary, Dr. F. M. Frazer, of New York; treasurer, Dr. J. B. Garrison, of New York; members of executive committee—Dr. William H. King, New York, Dr. William L. Jackson, Boston.

These officers were unanimously elected.

The following honorary members were elected: Dr. J. Grand, Paris; Prof. E. J. Houston and Prof. A. E. Kennelly, Philadelphia; Prof. A. E. Dolbear, of Tufts College; Dr. G. Gautier and Dr. J. Larat, Paris; Dr. J. Inglis Parsons, London.

The afternoon session was called to order at 2 P. M. by President Jackson.

Bureau of Electricity in Gynæcology, F. M. Frazer, M. D., chairman.

"Treatment of Procidencia Uteri by the Faradic Current," George E. Percy, M. D., Salem. Two cases of this nature were cited as cured by the faradic current.

"Electrical Treatment of Dysmenorrhœa," Emily A. Bruce, M. D., Boston.

The doctor spoke of some of the causes of this painful condi-

tion, such as bad forms of dress, hygienic malnutrition, malpositions, etc., and then spoke of the success she had had in treating this condition by electricity, using either the faradic or galvanic current, or both, but invariably regulating the mode of living, dress, etc. She cited two cases which had undergone surgical treatment for the cure of this condition, but in both of which, after the operation, the condition seemed to be aggravated instead of improved, but after careful and systematic treatment with electricity, and the regulation of the mode of living, all bad symptoms had been removed.

"A New Method of Dilating with Faradism," Jeannie W. Martine, New York.

"In this method I use a common sound, insulated to within two inches of its point with rubber tubing, and as it is painless frequently obviate an operation where anæsthetics are usually employed. I was led to employ this means from noticing when employing intra-uterine applications of faradism with the common sound, spoken of above, that I had to constantly increase the strength of the current, as patients fail to feel it after a few minutes, proving its numbing effect. Thorough tests with the galvanic and faradic currents have led me to conclude that faradism is preferable, as it brings about the necessary anæsthesia without irritation. To accomplish this, the coil must be unusually fine wire, and more than the usual length. According to conditions, I begin with a small sound, in some cases with a fine probe, and gradually increase the size until I reach the required dilatation. The faradic current produces a wonderful elasticity of the parts aside from its anæsthetic effect. From observations and experiments I am led to believe that it can be used to marked advantage for other purposes, such as curetting."

"Electricity as a Means of Diagnosis in Gynæcology," Dr. G. Apostoli, Paris, France.

(1) The faradic current of tension will relieve, when applied to ovarian pain of nervous and hysterical origin, but is powerless when the pain is due to inflammation.

(2) For the same reason we can determine the difference between hysterical and inflammatory.

(3) If inflammatory, other means, such as surgical, must be employed.

(4) The constant galvanic current applied to the uterine cavity, according to the individual susceptibility of the patient, will be supported without pain and febrile reaction, if there is no inflammation, with the exception of certain forms of hysteria, fibro-cystic tumors of the uterus, or metritis with false membrane.

(5) The intolerance to the galvanic current is generally pro-

portionate to the extent and growth of the lesions referred to, and to the intensity of the current employed.

(6) All inflammations of the appendages which are curable will bear the galvanic current better and better after each treatment, while all that are incurable will show intolerance from beginning to end.

(7) The same study of the so-called galvanic reactions also informs us rapidly of the curability of these inflammatory lesions which the electric current has demonstrated, and in consequence of this tells us in one case to abstain from operation, while in another it shows operation to be urgent.

(8) Gynæcological electro-therapeutics carefully and methodically applied aids surgery instead of opposing it.

"Reports of Gynæcological Cases," Minnie C. T. Love, M. D., Denver.

"Failure in the use of electricity in the majority of cases is owing to the lack of attention to diagnosis and scientific detail, and also the mode of treatment, and not the agent itself, and emphasizes a few points as follows: Never use a current strong enough to inflict pain. Always use the fine faradic coil to relieve any aching caused by the intra-uterine negative application. Always thoroughly disinfect the parts before applying the intra-uterine electrode. Always insist on the patient taking a short rest immediately after the application of electricity. Electro-therapeutists can assure their patients of a cure in the majority of cases."

Bureau of Diseases of the Eye, Ear and Throat, T. L. Shearer, M. D., Baltimore, Chairman.

"Electricity in Diseases of the Pharynx," Thomas L. Shearer, M. D., Baltimore, Md.

I present these cases, not relieved by other means: (1) Neurosis of pharynx, (a) of motion, (b) of sensation; (2) Rheumatic affections of pharyngeal muscles; (3) Chronic follicular pharyngitis; (4) Chronic hypertrophy of pharyngeal tonsil.

In neurosis indicated by anæsthesia, the galvanic current will relieve, unless caused by bulbar paralysis. In hyperæsthesia, due to hysteria, electricity has no influence. In paræsthesia, the galvano-cautery has given excellent results. Neuroses of motion in the pharynx include akinesis, or paralysis; hyperkinesis, or spasms. The paralyzes, affecting the pharyngeal muscles, may be dependent upon (a) bulbar disease, (b) result of diphtheria, (c) paralysis complicating, (d) paralysis of constrictors of pharynx. Galvanism in bulbar disease has not met with good results. Galvanism and faradism may both be used with good results in paralysis following diphtheria.

The choreic form of spasm is the only one in which we would expect electricity to be of assistance, but it often aggravates instead of relieving.

In rheumatic affections of the pharynx the local application of the faradic current gives excellent results. Of all the applications recommended for local use in the treatment of chronic follicular pharyngitis, the galvano-cautery is the best. In chronic hypertrophy of the pharyngeal tonsil, where the patient objects to a curetting operation, or we fear hemorrhage, or when it is a diffuse flat tonsil, the electro-cautery can be used to advantage.

"The Proper Application of the Electric Cautery for Nasal Diseases," Wesley A. Dunn, M. D., Chicago.

There are three conditions for which operations are performed within the nose—nasal stenosis, hyperæsthesia and excessive secretion. The object to be obtained in hyperæsthesia is the destruction of the terminal fibres in some portion of the mucous membrane of the nose. Here good results are obtained from the electro-cautery. In stenosis the abnormal conditions are very numerous, and a great number of these cases are beyond the reach of the electro-cautery, such as deflected septum, septal spurs and projections. In hypertrophy of the inferior turbinated the electro-cautery is of the greatest service. Two conditions govern its success here, the density of the hypertrophy, and the formation of the turbinated body in relation to the septum. The electro-cautery is of invaluable service in destroying the last vestige of polypi, which must be searched out in the small cavities in the upper part of the nose.

In excessive nasal secretion, accompanied by hypertrophic catarrh, and especially where persistent secretion is produced by the small whitish hypertrophies that are to be found on either side of the posterior end of the septum, producing a thick discharge, in which the patient is hemming and hawking in order to free the nose, careful destruction of this overgrowth of tissue with the electro-cautery is of the utmost importance. Unless the growth is quite large I generally destroy the whole of it at one sitting, as I do not believe in keeping the nose irritated by repeated applications. I prefer the electro-cautery to other escharotics, and can do as mild and gentle an operation with it, while I believe it to be more under the control of the operator, and less reaction to follow its use.

"The Use of Galvanism in Diseases of the Larynx," J. B. Garrison, M. D., New York.

The requisites are a good galvanic battery of twenty cells, a reliable milliampèremeter, a nerve electrode of medium size, an interrupting handle and a flexible electrode about the size of a hand. All cases in which there is lack of nutrition of the laryngeal apparatus are proper subjects for this treatment.

CLARA E. GARY, M. D., *Secretary.*

**REVIEWS AND NOTICES OF BOOKS.**

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**DISEASES OF THE RESPIRATORY PASSAGES.** By Charles Porter Hart, M. D. Pp. 349; 117 illustrations. New York: A. L. Chatterton & Co.

This is a practical, comfortable sort of a book to have near at hand; one which invites perusal. As its name shows, only the passages to the lungs are treated of, making a book easily handled. First is a brief description of the anatomy of the parts, followed by a chapter on laryngoscopic examination urging its use in all cases. Affections of the nasal fossæ, oral cavity, fauces, larynx and trachea, and bronchia are taken up; then special conditions, as hay-fever, influenza, spasmodic, aphonal and diphtheritic affections. A short chapter on methods of operating and two pages of suggestive formulæ for local treatment finish the book. One of the best things about the book, and an encouraging "straw" of the times, is the distinction under treatment between "therapeutic indications" and "clinical notes."

**THE ACCOUCHEUR'S EMERGENCY MANUAL.** By W. A. Yingling, M. D., Ph. D. Pp. 323. Philadelphia: Boericke & Tafel, '95.

An inviting ecclesiastical binding of flexible black with gilt lettering encloses brief indications for over one hundred remedies. The last third of the book is given to repertories which form the most practical part, the large number of remedies being a little generous, perhaps, in time of emergency.

**EXERCISE AND FOOD FOR PULMONARY INVALIDS.** By Charles Denison, A. M., M. D. Pp. 70. Denver, Col.: The Chain & Hardy Co., '95.

Attention cannot be too often directed to the hope for those who have reason to fear, sooner or later, the development of consumption, which lies in the choice and use of the proper food and exercise. And here we have some very practical suggestions in regard to both which if followed cannot fail to help anyone to a better physical condition.

**THE POCKET MATERIA MEDICA AND THERAPEUTICS.** By C. Henri Leonard, A. M., M. D. Pp. 387. Detroit, Mich.: The Illustrated Medical Journal Co.

The title page of this book reads: "A resumé of the action and doses of all officinal and non-officinal drugs now in common use." The Latin name in full with genitive ending is given in each case, the dose in English and French weights, a description

of the drug, including habitat, properties, its behavior under different treatment, and in acute poisons the antidotes. The preparation of the alkaloids is an interesting item. The therapeutics are necessarily brief. The wonder is that in so small a book so much desirable information concerning drugs can be given.

TRANSACTIONS OF THE ANTISEPTIC CLUB. Reported by Albert Abrams, a member of the San Francisco Medical Profession. Pp. 205. New York: E. B. Treat, '95.

This spectator of the modern medical world will serve to pass a pleasant ten minutes from time to time when one is in an easy humor, and feels equal to having one's own pet foibles, perhaps, ridiculed. Like "Chimmie" it will not stand a continuous perusal, and like many books filled with jocose sarcasm, it is not always fine. The medical fads of the day are slashed at rather freely, the first thing taken up being antiseptics. Among others are the prevalence of laparotomies, the farce of medical examinations in obtaining insurance policies, the climate craze and, very strikingly, the publishing of papers short in value as well as words, with lengthy headings and innumerable titles appended to the author's name. If the book should not prove patent in reformatory efficiency, it still may be of service to those suffering with "torpid liver," if the saying be true that "every time a man laughs his liver turns over."

THE POCKET ANATOMIST. By C. Henri Leonard, A. M., M. D. Pp. 297; 193 illustrations. Detroit, Mich.: The Illustrated Medical Journal Co.

Based on "Gray" and profusely illustrated, this little book cannot but be much used by students at times when the larger work would be cumbersome. It is in its eighteenth edition.

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#### MISCELLANY.

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ONE objection to the use of catgut — and a serious one, too — is that, in handling it with wet hands, or when it is soiled with blood or pus, it becomes slippery, and one does not feel sure that a knot tied down in the bottom of the pelvis will hold. In order to obviate this objection, Dr. Clinton Cushing of San Francisco, after rendering his catgut aseptic, puts it into a mixture of an ounce of common rosin to a pint of alcohol. He has found this mixture to preserve catgut, and to make it stick so that it will stay tied. — *Am. Homœopathist*.

*Father.* — I'm troubled with insomnia.

*Doctor.* — I can cure you of that.

*F.* — Yes, I know; but we want to keep the baby, doctor.

AN ABNORMALITY IN A PLACENTA.—Dr. Laviot recently presented to the Société Obstétricale et Gynécologique, Paris, a specimen consisting of a perfectly normal placenta with membranes, but in part of the membranes he had found a fetus which had undergone partial degeneration.—*Maryland Medical Journal*.

A FLY IN THE BEER.—If a fly drops into a beer glass, one who has made a study of national characteristics can easily tell the drinker's nationality by his action.

A Spaniard pays for the beer, leaves it on the table and goes away without saying a word.

A Frenchman will do the same, except that he swears while he goes.

An Englishman spills the beer and orders another glass.

A German carefully fishes out the fly and finishes drinking his beer as if nothing had happened.

A Russian drinks the beer with the fly.

A Chinaman fishes out the fly, swallows it and then throws away the beer.—*Fliegende Blätter*.

EVERY doctor who has attempted it will testify how tedious and unsatisfactory the old way of cutting and winding a bandage is. Here is an easy way. Purchase as many yards of muslin, cheese cloth, or other material as you want to make the bandages of, in the proper length, roll it up tightly, the full width, and cut it with a bread knife. Each bandage will be easily and nicely cut off any length you desire. Can also cut absorbent cotton, or cotton batting in the same way. This plan is in use in many of the large hospitals and proves a wonderful convenience.—*Medical Argus*.

MR. E. B. DUNN, of the weather bureau, after a careful study of the epidemics of the "grip," in New York, affirms that the higher the humidity and the more sudden the fall of temperature, the greater the number of deaths.—*Ex*.

## PERSONAL AND NEWS ITEMS.

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PORTLAND, OREGON, Sept. 11, 1895.

*Editor New England Medical Gazette:—*

Homœopaths of Portland, Oregon, have won so decided a victory for our cause that we feel that even distant New England will rejoice with us. The Portland Hospital of this city has been taken from the Allopathists who have run it for about seven years, since its organization, and made a homœopathic hospital. By this change Homœopathy is in possession of a hospital accommodating 60 to 70 patients. There are five acres of ground, beautifully located, in the city limits, and a fully equipped building, altogether representing a valuation of over \$75,000. Dr. Osmon Royal (B. U. class '85) is made chief of staff, and an excellent staff of physicians and surgeons has been elected, so that homœopathy need not fear the results that will be shown.

The Portland Hospital was built and is controlled and supported by the Methodist church. From its inception we have struggled for a share in it, not expecting more than this, but through unexpected good fortune we are in entire charge. We esteem it a mark of the confidence felt in our school and the members of the homœopathic profession in this city.

The staff appointed is as follows:

VISITING STAFF: A. S. Nichols, M. D., Osmon Royal, M. D., S. A. Brown, M. D., C. A. Macrum, M. D., C. L. Nichols, M. D., H. C. Jefferds, M. D., E. C. Brown, M. D., H. B. Drake, M. D., Orpha D. Baldwin, M. D., George Wigg, M. D., Margaret N. Quigley, M. D., Emma J. Welty, M. D., P. L. McKenzie, M. D., J. J. McMicken, M. D.

CONSULTING STAFF: J. S. Bishop, M. D., Astoria; J. B. Olmstead, M. D., University Park; F. G. Oehme, M. D., Roseburg; R. Cartwright, M. D., Salem; S. R. Jessup, M. D., Salem; E. B. Philbrook, M. D., Salem; J. S. Dale, M. D., Eugene; L. Allard, M. D., Troutdale; H. S. Garfield, M. D., Pendleton.

Drs. Baldwin, Welty and Royal are representatives on this staff of the Boston University School of Medicine. "M. D."

THE NEWTON SANATORIUM was originated for the accommodation of persons with nervous or other diseases who needed sanatorium treatment, at fifteen to thirty-five dollars a week. These patients reside in private homes, with skilled nurses, and receive the personal care of Dr. Paine. There was then a demand for the care of insane patients at similar rates, and this need has now been provided for by Dr. Edward H. Wiswall, former assistant physician at Westboro. He has taken a house at Newton, where he will receive insane patients and they will have the medical supervision of Dr. Paine. All correspondence should be addressed to Dr. N. Emmons Paine, West Newton, Mass.

WE had occasion to announce in these columns some twelve months ago that Messrs. Armour & Co., of Chicago, were willing to supply, gratis, samples of Desiccated Thyroid Glands of the sheep to any physician who desired to experiment in that line of treatment. We understand that the offer was largely taken advantage of, and the knowledge of what we may call the "Thyroid therapy" has thereby been unquestionably advanced. It is our pleasure to announce that while Messrs. Armour & Co. naturally value their time, and the material at their disposal, as highly as any one in similar circumstances would, still they are willing, in the interests of medical science, to prepare and supply to physicians desiring to experiment, samples of any other animal glands. They are manufacturing a very elegant preparation of Red Bone Marrow, and we would advise our readers to communicate with Messrs. Armour & Co., if they have any cases of pernicious anæmia under treatment. Armour's Pepsin and Pancreatin have taken deservedly high rank, and this firm has in many ways given evidence of their intention and ability to make valuable additions to the *materia medica*. Armour's chemist is a man of ability and reputation. The material is there, the facilities are there, and the brains are there, so that with the necessary staff and equipment, a laboratory located near the abattoir seems to be appropriate, and in keeping with the eternal fitness of things, and calculated to greatly promote research and improvement in the domain of physiological chemistry.

#### PEROXIDE OF HYDROGEN.

BY J. P. PARKER, PH. G., M. D., OF ST. LOUIS, MO.

Published by the Annals of Ophthalmology and Otology, of St. Louis, Mo., April, 1895.

[Abstract from *The Times and Register*, June 8, 1895.]

I have used peroxide of hydrogen quite extensively for cleansing discharging ears, the nasal and accessory cavities, and have tried all the brands of the preparation in the market, and once thought one manufacturer's make as good as that of another, and bought the cheapest as a matter of economy, but recent experience has taught me that the difference in quality is greater than the difference in price. After an unpleasant experience with a solution of peroxide of hydrogen which severely injured the mucous membrane, I bought and examined, chemically, a bottle of each preparation of  $H_2O_2$  in the market, and was surprised to find so much difference. Some are useless, and others worse than useless because they contain too little available oxygen and too much free acids (phosphoric, sulphuric, hydrochloric). I now order Marchand's (medicinal) exclusively because I find it contains the desired quantity of available oxygen and not enough free acid to be objectionable, and its keeping properties are all that could be desired.

By inquiry I learn that Marchand's is the preparation that is used by almost all surgeons, and it is considered by them the standard.

— My personal experience with peroxide of hydrogen confirms entirely the statement of Dr. J. P. Parker, I have used exclusively Marchand's brand until lately, when I experimented with hydrozone. Then I gave up entirely the use of peroxide of hydrogen and use hydrozone on account of its strength, which cannot be compared with any other brand, even Marchand's. I must say that the results which I obtained with hydrozone are most gratifying.—ED.

# THE NEW-ENGLAND MEDICAL GAZETTE.

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## COMMUNICATIONS.

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### ANNUAL ORATION TO THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

BY N. W. RAND, M. D., MONSON, MASS., OCTOBER 9, 1895.

*Mr. President, Ladies and Gentlemen:—*

I am not an orator as you very well know, nor, indeed, am I quite sure just what is expected of the one who receives this appointment. I take it, however, to be a privilege which the society confers, from year to year, permitting some member to ventilate any peculiar views he may chance to possess, and indulge in a little general preaching to the profession. Whatever the popular opinion may be, I give it as mine that doctors, like other men, are proner to preach than to practice. Counsel and criticism are among the things more blessed to give than receive; and they are what preaching is made of, and what make it easy.

In casting about for a text from which to glean thought for the present occasion, I hit upon this, —

#### EVOLUTION: ITS PERILS AND POSSIBILITIES,

to which, for a little time, I invite your attention. Those of us who were born in the latter half of the present century cannot possibly realize the tremendous strides it has made in the achievement of knowledge, and for this reason — Discoveries and inventions made just before our remembrance seem to us as commonplace and matter-of-course as if they had always existed. Like health and sunshine and friends, they are a part of our inheritance, and, having never known what it was to be without them, we cannot appreciate their worth. Only those who have been blind appreciate light; only those once enslaved, liberty.

Of all classes of people homœopathists should be most enthusiastic over the present renaissance of knowledge, for its beginning corresponds almost exactly with the birth of homœopathy. I do not say that Hahnemann was the sole projector of this great modern renaissance, but it is certainly a significant fact that in the less than one hundred years since he inaugurated his reform in medicine, according to no less authority than Professor Drummond, the world has made more progress in knowledge

than it had made before through all the centuries since history began. And in saying this he is not unmindful of that galaxy of deathless names scattered along the fifteenth and sixteenth and seventeenth centuries, which, breaking upon the darkness of the middle ages, transformed all Europe, and gave unto the then known world a new continent and a new civilization.

How could they practice medicine when this century began, when all the things we now most highly prize were unknown? It wasn't so very long ago. There are men still living who remember the time when there were just as many cases of lung and heart affections as now, but no stethoscope, and no knowledge of auscultation and percussion; just as much surgery needed, but no anæsthetics and no aseptic nor antiseptic treatment; just as many cases of gall-stone and renal colic, but no hypodermic syringe; just as many abnormal collections of fluid in the body, but no aspirator to remove them; just as many men getting blind, but no ophthalmoscope to reveal the real trouble; just as many cases of cancer and consumption and Bright's disease, but no microscope with which to make the diagnoses; just as many fevers, but no clinical thermometer; just as many cases of appendicitis, but no novices anxious to operate, nor sextons needed to hide the results! Plastic, abdominal, and orthopædic surgery were unknown. Chemistry could hardly be called a science, for Dalton had not then announced his atomic theory. Gynæcology, otology, or laryngology could not be said to exist. There was no such thing as a Galvanic or Faradic battery; and our materia medica was scarcely in embryo. Think of it — realize it if you can. All this and much more, within the memory of men yet living.

Nor is this the whole. We have been considering progress in only medical lines. Every science, art, and industry has made similar advances, advances which time forbids us even to mention.

When the annals of the nineteenth century shall have been fully written, foremost among its achievements will be placed the demonstration of the law of evolution, and of its corollary, bacteriology; the former of which is destined to revolutionize all the philosophies and theologies of the world, and the latter, all systems of medicine. Among the great revealers of truth, by the side of the names of Galileo and Newton, will glow with no less lustre those of Darwin and that now lamented prince of scientists — the peerless Pasteur!

This doctrine of evolution, with all its present imperfections, is the most simple, reasonable, and comprehensive postulate ever proposed by man. It includes within its scope every process of nature from the ceaseless tremor of atoms to the flight of worlds; all growth, from the veriest bacterium to the giant of the Yosemite, from the infusorial colonies in a drop of water to the organized nations of earth; all intellectual development from monad

to man. It stretches back into the twilight of the past, beyond the power of mind to penetrate. It reaches out on every side, till thought is lost in the bewilderments of space. It looks ahead, confidently predicting an endless series of surprises such as no ancient seer ever dared to dream of. It is the plan of the Eternal, and we are just catching a glimpse of its outline.

All are familiar with the fact that Darwin's exposition of evolution is based upon the principle of "Natural selection," or "The survival of the fittest." In other words, all life, both individual and collective, is conditioned by its power of adaptation to its environment. Geology is the stupendous record of ancient animal and vegetal families which, unable to meet the requirements of ever-changing conditions, perished from the earth. History repeats the same story in the rise and fall of empires, which sprang into being, retained identity just as long as they could adapt themselves to their conditions, and then passed out of existence. This law is universal. It applies to aggregates of every name, whether of molecules or of men. The earth itself is no exception. And can we, then, or our school of medicine hope to be exempt?

We are all proud, and justly proud, of the achievements of homeopathy. It has done nobly, but it has not reached perfection. Conditions are constantly changing, and its only hope of continued existence lies in its continued apprehensiveness and advancement. Hesitation is retrogression, and to look back is to become a pillar of salt!

Hahnemann did a great work. We cannot easily estimate the strength of character required to stem, as he did, the tide of popular opinion, and face the opposition of a sneering profession. To treat patients according to a radically new method — a method condemned as dangerous by all authorities — required strong conviction, and correspondingly great courage. Yes, Hahnemann did a glorious work; but to my mind more glory sprang from what he refused to do, than from anything he did. The medical profession of his day was so blinded by self-conceit and superstition, so ignorant, and yet so arrogant, that it encumbered the earth. The treatment of that time prevented rather than facilitated recoveries. Hahnemann perceived this, and declared in one of his letters, that twelve times as many patients would recover if no treatment at all were given. We all know what it meant — depletion, depression, deprivation, — death. Anything to break the thralldom of such treatment was enough to make one immortal! Hahnemann did this — all honor to his name — and he did more. He recognized that all drugs are poisons, and should be individually studied and singly administered. He recognized their pathogenic similarity to the diseased conditions which they relieve, and that the smallest dose which will suffice is the best one. Let us give him all credit due; but let us not deify him. Especially let us not accept the erratic

utterances of his old age as the *ne plus ultra* of wisdom. At best he was only human, and like other men made mistakes. It is not necessary that we should dwell upon these, but it is important that we should avoid repeating them. We honor Hahnemann most when most we imitate his spirit of rational independent investigation,—when most we use, as he did, both the achievements and mistakes of the past as stepping-stones to the future. If Hahnemann were alive to-day he would, methinks, blush at the efforts some of his namesakes are making to perpetuate his fallacies. Let us not be among this number, but rather cover all these with the mantle of charity and cherish only the memory of his heroic example and magnificent achievements. To do as well as Hahnemann we must do a great deal better than he. If we fail to correct as well as continue the work he committed to our hands, we are indeed degenerate children—nay, we are bastards and not sons!

But to my theme. I was speaking of the perils of homœopathy. In this utilitarian age when all work is divided into specialties, when men are taking the shortest possible cuts to the goal of their ambition, there is danger of narrowness and superficiality. But let it not be forgotten that *the science of medicine is the science of man*, and that it lays under tribute every department of knowledge. There is no feature of man's constitution, or intelligence, or environment, that does not concern his well-being; and there is nothing concerning man's well-being which the physician should not know. He best can prevent or control disease who best understands its nature and course; and he best understands these who best comprehends the myriad complex conditions under which life is given and sustained. And thus it follows that the doctor should be the greatest of men,—richest in erudition, keenest in observation, deepest in reflection, broadest in sympathy.

As a school we are known as homœopathists, and we are proud of the appellation; but the present demands of us something more. It demands that we shall be physicians. It demands even more than this. It demands that we shall be scientists and teachers, and thus protectors of the public health. To whom can our legislators and municipal officers look for counsel in such matters, if not to physicians? And how can physicians teach except they know? Let us not forget that there is no department of knowledge that does not pertain to man, and there is nothing that pertains to man that does not pertain to medicine.

I rejoice in the lengthened courses required by our colleges, and yet I fear we are building too much at the top of the edifice. Four years of professional study upon an unsuitable foundation must necessarily result in a top-heavy structure. The four years are all right, but let the colleges lose no time in making their minimum requirement for admission a grade of scholarship that would easily admit to the academic department of Harvard or Yale.

And this reminds me that there is danger even in prosperity. We boast of our present attainments. They are indeed phenomenal. The contrast between now and fifty years ago was strikingly summed up by the president of the American Institute of Homœopathy in his late address at Newport. He spoke of our rapidly increasing numbers; our growing libraries; our numerous colleges and hospitals and journals; our prosperous societies; our recognition by state and municipal authorities; and closing remarked: "I might continue the enumeration until you wearied, and yet the half would not be told."

Now, Ladies and Gentlemen, I submit to you, is there not danger of dwelling too much upon the quantity and too little upon the quality of our work? I am not at all certain that we are better off with twenty colleges than we might be with ten; that fifty periodicals are better than twenty-five. Have we not too many mediocre men ambitious to sit in professors' or editorial chairs? We must not forget that an inferior college, or hospital, or dispensary, or journal, or practitioner detracts something from the general standing of our school. What a pity that some of our cities are trying to support two, and even four, homœopathic colleges when the real talent might to so much better advantage be combined in one! There is power in concentration. The scattered sun rays fall for ages ineffectively on the broad fields of arctic ice, but let those same rays be focused to a point and they would melt the very rocks! I believe there is danger in extension; that it is time to call a halt, and direct all our energies to quality. I wish our college requirements were high enough to deter all who come from merely mercenary motives. We ought not to be content until at least fifty per cent of those who seek admission are college-bred men; and even then we ought not to be content. College-bred men are becoming more and more common in all educational and even mechanical and mercantile pursuits; and if our school would fulfil the conditions of continued existence, if it would command and hold the respect of intelligent people, it must show a constituency not inferior to that of any other vocation. The alumni of Harvard medical college are even now advocating that none but Bachelors of Arts be admitted to their school. I trust that Boston University will not be found one whit behind them in this matter.

Now, just a word among ourselves. There is upon the face of homœopathy an abnormal, unsightly growth. It might almost be called congenital, for it appeared in infancy and seems to have been inherited. It can hardly be thought malignant, for it produces no marked cachexia and for many years has not increased in size. Indeed at present it seems to be undergoing auto-degeneration. It is, however, obnoxious to the greater portion of the body as well as to friendly onlookers, but when anything is said about its removal, the members sustaining it all at once grow very sensitive declaring that it is not an abnormal but a vital part,

and that to remove it would be fatal. I hardly need mention the name of this growth, for I am sure you all recognize it as the untenable doctrine of dynamization. But what shall be done with it? It certainly disfigures our school and subjects it to ridicule. Professor Conrad Wesselhoeft has applied caustics to it, sporadically, for years. This has controlled its growth and possibly diminished it, but yet a good deal remains. I would to Heaven that some local anæsthetic might be applied to the sensitive filaments and the whole thing, by a master stroke, removed. We would then preserve it in the museums of our colleges, and ask future students to behold this relic of stupendous credulity! Then would homœopathy no longer feel abashed when science looks her in the face.

In the carboniferous age, when the air was dank, and loaded with noxious gases, some vegetal forms assumed tremendous proportions. There were species of moss, and fern, and rush which, like forest trees, lifted their heads to heaven. But when the atmosphere was cleared of impurities these could no longer survive, and their petrified remains in the great coal-beds of earth alone bear testimony to their existence. Just so, when the world is full of ignorance and superstition, false teachings and practices flourish. Innocent or malicious, it matters not, a superstitious age accepts them. They build mansions, and hospitals, and churches; and audaciously lay claim to the impossible. But when the world shall become enlightened, when knowledge shall have supplanted ignorance, and reason superstition, these can no more exist than the plants of Paleozoic time in the purer air of to-day. Ignorance is the atmosphere of error; knowledge, of truth. The world's intellectual atmosphere must be cleared; and then the Golden Age!

So let us not forget that evolution has its opportunities as well as perils. Although in the struggle for existence a thousand to one perish, the possibilities of that one exceed all computation. In ancient times men believed that diseases were punishments inflicted by the gods for disobedience, and they sought to avert them by sacrifice and prayer. All sorts of ridiculous rites have been performed to stay the hand of pestilence, but they availed nothing. Slowly and silently as the morning steals over the eastern hills, dawns upon man the fact that the universe is governed by inexorable law; that there is no capricious monarch outside of nature ordering her events; that every cause inevitably produces its effect, and every effect invariably had a cause; that the chain of events is unbroken, every link depending upon each preceding one, and sustaining all that follow; that diseases are no exception, and in order to prevent them their causes must be ascertained and removed. Thanks to the indefatigable labors of our bacteriologists, this is now becoming possible. Dr. J. H. McClelland stated last year in Denver, that the bacteria of thirty-six diseases were known and classified. This is a great step and

the next — prevention — is sure to follow. We may never be able to rout the germs when once in possession of the human citadel, but knowing their nature and methods of attack, we shall exterminate them outside. When the last germ of any disease is destroyed, that disease can never again appear. There must be asepsis in medicine as well as surgery. Rigid quarantine laws must be enacted and enforced. Boards of health must be more faithful, more efficient.

All this is possible — yes, sure to come. In the germ theory of disease lies prophylaxis, the hope and future of medicine. We must not fail to comprehend and apply it. It does not conflict with homœopathy; it transcends and completes it. Homœopathy's mission is to cure, and however grand that may be, it is inexpressibly grander to prevent. I believe the time is coming, — we shall not live to see it, but it is coming, — the time when all diseases like diphtheria, scarlet fever, and consumption shall be banished from the earth. Even now science is well upon their track; with her microscopic eye she sees the enemy, nor will she rest until the last foe has surrendered.

And now in closing the question is, What position will our school take in this great campaign? Will it seize its opportunity and go forward, or fall by the way. We are in the struggle and, whether we would or not, must abide the conditions and the issue. The secret of survival lies not in magnitude, nor multitude, nor might, but simply in fitness. The mammoth and the mastodon perished; man survives. Power which clings to the past, defying progress, is even more fatal than weakness borne onward with the moving tide. We are backed by all the forces of the universe so long as we act in harmony with them, but when we falter or resist those same forces become our foes. It will not do to cleave to a dead leader, even though he be a Hahnemann. It will not do to depend on any authority but the great unerring Book of Nature. It will not do to despise any fact, nor harbor any fallacy. We must have ideals, but they must be living, moving, — nothing less than our highest conceptions of truth; and as those conceptions rise our efforts must receive renewed impulse and direction. *Adaptation or death is the law of the ages. Adaptation and life, the hope of the world.* Now are we in the dawning, darkness behind, the day ahead. Toward which of these shall we set our faces?

“Once, to every man and nation  
Comes the moment to decide,  
In the strife of Truth with Falsehood,  
For the good or evil side;  
Some great cause, God's new Messiah,  
Offering each the bloom or blight,  
Parts the goats upon the left hand,  
And the sheep upon the right;  
And the choice goes by forever  
'Twixt that darkness and that light.”

*PTOMAINES AND GERMS IN DRINKING WATER.*

BY BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA, PA.

*[Read before the Philadelphia County Homœopathic Medical Society.]*

Water, like food, need not necessarily be absolutely and chemically pure to be healthful, yet there is a certain standard between the very pure and very impure which must be attained in order that life may be maintained for any length of time. Distilled water, which is the nearest approach to strictly pure, or germ-free liquid, is insipid and very unsatisfying to the human taste; therefore it can never be made to take its place as an universal beverage on account of that property. The next in purity would be snow water obtained from such a height as to be beyond the reach of gases, salts or any other such deteriorizing substances, as well as above possible contamination from any form of disease germs. Then would come hail or snow melted on the lower atmospheric level, after it has been falling for some hours, so as to allow sufficient time for the snow to have borne down and buried the germs and dust floating in the atmosphere. Then we might next place water filtered through sand or earth so deep as to have imprisoned in this soil all bacteria or impurities as the water slowly forced its way through. Artesian well water belongs in this class because of its percolating through a long distance of earthy material as does also the liquid from deep springs; and if either of these two is obtained from comparatively clean districts in which no germs of disease exist, containing only the harmless salts peculiar to the geological formation of the locality in which the waters are found, they may be trusted as being entirely healthful for the public in general, but even then upon the predominance or absence of certain properties must depend the question whether or not they are suitable drink for every resident. A change of drinking water very often gives rise to slight disarrangements in sensitive constitutions, but as a general thing but a short time is requisite for the system of such an individual to conform to the new beverage. If it does not, there must be a preponderance of some antagonistic salt or chemical, and possibly medical advice will be necessary. It is very seldom that ordinarily pure water causes any permanent disturbance. Clear, sparkling water may not always be pure because it may emanate from a marshy neighborhood and carry the miasmatic materials for malarial diseases in its rippling course through decaying vegetation. Ordinary foresight in selecting a residence will obviate any such danger, for marshes and lowlands are almost always malarial, and therefore to be avoided.

Bacteriologists have demonstrated that some disease-producing bacilli, when vitality is extinct, leave in their dead bodies a toxic principle or ptomaine, which though infinitesimal in an individual microbe, when accumulated from multitudes of decaying organisms makes a poisonous agent sufficiently strong to interfere

with the health of a human being and probably to jeopardize his life. Therefore if masses of inimical bacteria are deposited in small streams and are continually passing from them into the rivers which form the water supplies of large cities, it is very evident that temperaments that are susceptible to bacterial influences should become affected unconsciously through drinking the city water rather than through any atmospheric agency.

It is for this reason particularly that we wish to call the attention of the medical profession, as well as that of the whole community, to the consideration of the neglected subject of how to rid our drinking water of the deleterious organisms contained therein, where there is not a sufficient amount of sunlight and moving atmosphere to destroy them before they enter the reservoirs that supply our cities.

Sunlight, to be entirely effective, would need to shine every hour of the twenty-four and every day in the year. Atmosphere to be efficacious would have to be constantly churned into the water by a series of cascades, waterfalls, or rough shallows, spreading over a great surface and with sufficient elevation to allow the water to descend and flow rapidly over a gravelly or very rocky bed immediately before its entry into the reservoirs or distributing pipes. These plans are the ideals for the purification of water from disease germs, but unfortunately they are impracticable, particularly where large supplies are required, as in the large cities and towns. Another expedient would be to select pure springs, the waters of which are filtered through earth free from the taint of either vegetable or animal decomposition and from mineral deposits of a nature in any wise dangerous to life; to clean out the springs, to clear the loose earth strata, wall and cement them, cover them closely, and direct their outflow into small stone aqueducts or covered channels, through which the water could be deposited in proper receptacles at convenient centering points, all of which should be underground or hermetically sealed from all atmospheric influences or from overflow from any other stream. The water from many such springs collected in immediate localities, then centering in these cistern-like underground receptacles, and from thence finding their way still beneath the surface to the city reservoirs, and always thus kept covered and free from noxious productions of any kind, either generated in the water or thrown therein, and likewise delivered through clean conduits to consumers, would be the ideal method, for furnishing pure, potable water to the people. And it is a superior manner to the others, because in it the water does not become affected by microbes, which must be destroyed before the water is rendered pure for drinking use. Two almost insurmountable objections meet this plan; one is the impossibility of finding a sufficient number of purchasable springs from which to supply cities of any great population; the other is the problem of how to furnish such water to towns in low lying, level coun-

tries, situated on plains with no surrounding elevations from which to obtain this supply of spring water. Consequently we must in such situations resort to artesian wells and pumping stations to overcome this latter difficulty. The former could be made more practicable than would at first seem possible, and the result could be made attainable through the better education of the general public. They must be taught that water for manufacturing purposes, for flushing, for pave-washing and such purposes could and should be obtained from different sources, and delivered through different conduits from those supplying and delivering water for culinary purposes and for drinking. It is obvious how very much smaller quantities would be necessary of the pure unadulterated and health-giving water if this plan were followed and how much smaller the water-plant and reservoirs would have to be, and when the people understand the great importance of the subject they will not be liable to cry out against the expense that would be required for carrying out the desirable addition and change. The use of cheap disinfectants could easily be resorted to for clearing the disease germs from the supply to factories, flushing pipes, etc., if desirable, if an epidemic appeared, while the drinking and cooking water by this plan would be at all times entirely beyond the danger of infection in its safe repositories and conduits.

Having obtained a proper supply of water so pure as to be perfectly safe for use, the popular education should continue until every one shall understand that water can be impregnated with the germs of disease after it is drawn into drinking vessels, if it is allowed to remain uncovered and exposed to an impure atmosphere. If the liquid is not to be used immediately it should be closely covered, and never used as a beverage if it has been exposed in a contagious sick room, or in any place where lurking germs may find it. Such extreme precaution may appear absurd, but from the beginning to the end it is no difference what kind of an animal may dwell in water, from the alligator to the most diminutive animalcule, if the extinction of its life gives rise to the existence of ptomaines or toxic products, it is dangerous to the health of persons using that water for drinking, or even for cooking, according as he is more or less susceptible to such poison. At the same time we must impress upon those who may be too suspicious for their own comfort, that there are vast numbers of innocent bacteria in water, in the atmosphere, and even in the mouth, whose presence is not at all injurious, and whose decomposition does not produce any toxic qualities. By this, we may perfectly comprehend that perfectly pure water, meaning distilled or boiled water, from which all saline substances are extracted is really not desirable unless the prevalence of Asiatic cholera, yellow fever, epidemic typhoid or diphtheria, makes the danger of contagion require the precaution of subjecting the water to extreme heat in order to destroy the bacilli or bacteria

contained therein, for standing water in contact with the open air will absorb again some of the floating atmospheric animal and vegetable germs.

Water in which some animalculæ and mineral qualities are not found is extremely rare, in fact we doubt if it can be found at all except possibly in some of the hot geysers, or boiling springs, and even among them we doubt if there exists any in which mineral qualities are not found. It is obvious then, that when drinking water is supplied to the people it should not be impregnated with either individual or composite mineral substances such as Lithia or the carbonate of lime, or magnesia. All waters containing more or less of such mineral properties may be antidotal to our prescribed remedies, while only the most careful tests can prove to us whether such manipulated waters hold these deleterious combinations or not. It is best to discard their general use for individual cases, if not most invalids may seriously complicate their maladies by their use. Mineral waters advertised as suitable for various diseases and constitutional conditions are not suited for universal beverages, and should never be used by any one except as a medicine prescribed by the attending physicians. Persons in health should not take them at all, as the chemicals entering into the system may be quite as injurious, and possibly more dangerous, than anything imbibed while partaking of the waters of open streams which supply our cities, notwithstanding the former may be obtained at a high price per gallon, in contradistinction to the water-rent requisite to furnishing the cities with potable water. For this reason alone, those physicians are quite censurable who give promiscuous endorsements to any and all such chemical water combinations.

Let me add another source of danger to an unconscious public. It is that which lurks in some of the numerous mineral waters which are charged with carbonic acid gas, bottled and sold under tempting titles as mineral, spring, or table waters. One can have in some instances no assurance that the water entering into their composition, as well as into watered milk and other kindred beverages, is not obtained from the polluted streams or impure creeks into which great quantities of sewage, decaying animal and vegetable matter and other refuse may be emptied every day. Thousands of tempting beverages are consumed daily in warm weather by the thirsty public, without a thought of the contamination which may be entering their systems at a fabulous price for each noxious glass. I think it is right that the people should be earnestly warned against medicated drinks, and shown how much better it would be for them to call for a healthful as well as abundant supply of good drinking water when thirsty. There can be no doubt that better and colder water can be brought into our houses if proper measures are taken, and if people are sufficiently enlightened by competent teachers, to understand that the additional expense will be overbalanced by the agreeable and

healthful clang      Censurable want of oversight is also doing much toward the deterioration of the water, even after it has been pumped into the reservoirs and runs into the mains or supply pipes. These and the distributing pipes are almost invariably coated with mud, which catches and retains animal and vegetable deposits which either thrive, grow, and reproduce, or die and decompose. Small fishes, eels, and possibly other animals, are often forced into the supply pipes, from which it is not possible for them to return against streams to the reservoirs. Therefore, they either lodge somewhere in the pipes and eventually decay, or as oftentimes occurs they are forced into the hot water boilers of private houses where they rest, contaminating the water which not unfrequently the cook uses in preparing tea or coffee, and which is always used in washing the dishes from which food is taken meal after meal. Having sometimes noticed the odor of decomposing matter, I have upon two or three occasions, had the pipes in my house cut, or the boiler cleansed, and the animals which had lodged therein removed. This might occur in any house and be neglected from year to year, making a continual supply of unsuitable adulterated water for kitchen use. And the greatest difficulty in the matter is that all this is hidden from sight. I think that there could be some plan adopted by which the inside of the water pipes could be kept comparatively clean, and that certain strainers or traps might be so arranged that animals could not enter the supply pipes at any time. The talents which can invent suitable means to meet other difficulties should surely be equal to creating some invention or manner of obviating these conditions which are so truly detrimental to human health. Possibly, if nothing else can be suggested, there may be a plan by which a person can examine the supply pipes immediately connected with his own premises, even though the clogging of the main may be to an extent irremediable. I am thoroughly convinced that there can be better water supplied to our large cities, as well as to the small towns and villages, and I believe that when the water is purer and cooler, which it undoubtedly would be if all conduits were a good distance underground, and specially if they were kept free from impure deposits, that there will be less drinking of mineral waters and other impure concoctions. If we want a temperate population we must give good drinking water, for it is the absence of that which tempts many a one to partake of that which is more agreeable to taste and smell than the water of our own and other cities sometimes proves to be, particularly after a heavy storm.

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#### *THE SELF-PURIFICATION OF RIVERS.*

BY LAMSON ALLEN, M. D., WORCESTER, MASS.

[*Read before the Massachusetts Homœopathic Medical Society.*]

Though the subject of the self-purification of rivers has received the attention of the medical profession but sparingly up

to the present time, it has been for years a matter of discussion and controversy among civil engineers.

The more we investigate this subject, the more evident it becomes that the continued use of even our largest rivers as both sewers and sources of water-supply cannot be permitted. Evidently, it is becoming a pressing question to know with greater certainty just how far we may safely carry the systems of pollution, as they exist to-day, of our streams, or whether we must entirely abandon them. Some of the cities in our own state, such as Boston, Woburn, and Worcester, not to mention others, have already had to take active steps in modifying existing systems. Much work will yet have to be done, and many investigations will have to be made, before the subject is cleared up in a way that will allow of a treatment which shall be just to those who must have drainage, and to those who, residing farther down on the same stream, must have potable waters.

In discussing the question of water pollution, of setting up a standard of purity, of a minimum proportion of sewage, or perhaps of the necessity of its entire exclusion, the medical profession has to do with it almost entirely as regards its potable purposes. With reference to the potability of water, the subject is still unsettled. Shall we, in deciding its safety in use, reject a potable water and perhaps by far the most economical source of supply, because fifty or one hundred miles above, another community discharges some sewage into it? Are we to be governed at all by the degree of dilution a stream has received, and by the number of days or weeks since the polluted water has had a chance during its flow to convert the sewage matter into organic compounds? And are we to consider the aëration of the stream as effecting the gradual destruction of the disease germs in the same measure as it effects the destruction of the dead organic matter? Let us see how these questions can be answered.

The principal factors in the self-purification of rivers are *dilution*, *subsidence* and *oxidation*.

It has been asserted in England by Messrs. Miller, Odling, and Letherby that organic matter of sewage is rapidly oxidized during the flow of a river into which it is discharged, and, if the dilution is at least twenty times, the sewage will not only be made inoffensive, but be utterly destroyed within a "dozen miles or so"; but the Rivers Pollution Committee of Great Britain, in 1878, after a careful direct investigation, proved that this assumption is altogether wrong, so far as the rapidity of oxidation is concerned, and stated that there is no river in England long enough to allow of a complete disappearance of sewage-matter discharged into it.

When sewage is discharged into a large volume of water, it

becomes dispersed throughout the mass, and lost to sight and even to chemical tests, if the dilution is great enough. According to Dr. König ("Pollution of Water Courses," Berlin, 1887) the minimum quantity of organic matter, which can be detected by chemical means, is 1 milligram in a dilution of 1 to 1,000,000; of ammonia, 0.05 milligram in a dilution of 1 to 20,000,000; of chlorine, 0.1 milligram in a dilution of 1 to 10,000,000. The measure of relative dilution can usually be ascertained by the mineral salts in solution, and particularly by the chlorine in common salt conveyed to the streams by the sewage, because they are not liable to undergo any change which would cause disappearance.

There is a firm conviction by many that rivers undergo a spontaneous purification in the course of their flow. Such conviction is based on personal observation made upon streams, in which the process appears to be going on in such a striking manner, that no analytical evidence is required. Subsidence of the heavier organic and mineral matters of sewage has a marked influence in clarifying a polluted stream. It is observed immediately below outfall sewers, and is caused by a reduction in the velocity of the sewage after emerging from them, permitting the suspended particles to deposit.

This deposit, or sludge, continues to undergo decomposition until the matter is reduced to its inorganic components. During floods the increased velocity of the water stirs it up, mingles it with the earthy matter generally suspended in flood-waters, and allows it to be again deposited in another place lower down the river, usually in a less objectionable condition than before. Factory refuse often contains chemical agents, such as lime, alum, and metallic salts, which precipitate much of the sewage matter and thus tend to increase the amount of deposits. Metallic oxides unite with the sulphuretted hydrogen of decomposing sewage, and form insoluble compounds and harmless deposits.

Oxidation and total destruction of sewage matter by decomposition was for a long time thought to be the main cause for the clarification of polluted rivers. To-day it is known to be but a minor cause compared with dilution and subsidence; and if the sewage is discharged in a fresh condition into a stream of water, its destruction is in part due to fish and other aquatic animals. Some of the refuse in stock-yards, no doubt, is disposed of in this way.

Most of the sewage is, however, decomposed or oxidized, as it is usually termed, by the myriads of microscopic plants, microbes, or bacteria contained in both air and water, which at once seize upon the dead organic matter. It is true that chemical changes, not caused by life, assist in converting the

organic matter into simpler compounds, but their effort is comparatively insignificant. It is a well-known fact that sewage oxidation is more active in sunshine than in shade, is almost arrested at night and when the thermometer approaches the freezing-point, showing its dependence on the conditions favorable to the lower orders of life. If the aëration of rivers can be kept up to the highest practicable point, it would on a summer's day offer the most favorable conditions for the disappearance of the organic matter.

Applying these facts we can say that for purifying the sewage discharge into a river, oxidation can be depended upon only to a limited extent, because of the comparative slowness with which it takes place. Subsidence of the heavier matter tends to clarify it before it flows many miles; dilution with a sufficient quantity of clean water prevents an offensiveness almost at once; but oxidation requires many days under continuous aëration of the river. Therefore, by examining the actual purification of polluted streams, and realizing that oxidation is a comparatively small factor, we are furnished with some evidence as to the proper dilution of sewage in any case under consideration, which cannot be far wrong, and may serve a useful purpose until more information is obtained.

The facts which are now available are not many, because opportunities to establish the same on a large scale, which alone is of practical value, have seldom offered. In our country instances are the Desplaines and Illinois Rivers, receiving the sewage of Chicago; the Blackstone and Merrimac Rivers in Massachusetts, the former receiving the sewage of Worcester and the latter that of Lowell and Lawrence; and the Missouri River. You will find in exhaustive works on the subject tables illustrating how the increased dilution lowered the percentage of albuminoids to the increase of dilution; so that the apparent purification, which was often supposed to be due to oxidation, was really due to dilution.

The following is of interest to the inhabitants of Worcester, and may be to those of any other large inland city: The history of the sewerage system connected with the Blackstone River has been a long and interesting one to its tributary cities. Comparing results with those of other cities in this country and of Europe, we can arrive at the following conclusions:—

Rivers not to be used for water supplies, but to be inoffensive to communities residing a few miles below, to remain fit for ordinary manufacturing purposes, and to sustain the life of fish, may receive the sewage from 1,000 persons for at least 150–200 cubic feet of minimum flow per minute, supposing that natural subsidence of the heavier matter takes place immediately below the town discharging the sewage. Where for

some reasons it is necessary to dilute it at once so that it is quite inoffensive *before* subsidence, which cases are rare, a somewhat greater dilution may be required. Inasmuch as the flow governing the minimum dilution occurs in summer, no attention need usually be paid to the large dilutions required in winter, because the natural flow of water is much increased at such time.

Beyond the above limit it appears to be advisable, when arranging for a sewage disposal, to resort to its purification at once by land or other filtration, or by chemical precipitation, in order to prevent the river water from becoming objectionable to others.

In the *Engineering News* for Aug. 4, 1888, I found the following:

"The Blackstone River, in Massachusetts, which is quite foul below Worcester, and receives much additional sewage on its way, becomes unobjectionable at ordinary times for all but potable purposes about fifteen miles below the city, with a dilution at the rate of 140 cubic feet per 1,000 persons draining into it, together with considerable manufacturing refuse, and after there has been a chance for complete subsidence and some oxidation due to a large number of dams."

I submitted the above quotation to our city engineer, Mr. Fred. A. McClure, from which I received the following reply:

"Since the article was written to which you refer, the sewage works at Quinsigamond have been constructed and were added to in 1893 with a capacity of treating 15,000,000 gallons in twenty-four hours. The system of sewerage has not been materially changed, with the exception of the construction of sewers upon the separate principle with a view to disposing of the large volumes of surface water carried by the old system, which complicates the matter of treatment.

"The state of the Blackstone River at a distance of fifteen miles below the city we have not data upon, but I have been informed that most of the objectionable features existing within a few miles, say four or five, do not appear. I think there is no doubt but that the influence of subsidence in the several ponds during the interval has a beneficial effect as well as the augmentation of flow. I have understood that one of the causes of previous troubles was the amount of free acid contained, where the full amount of the city's sewage was discharged into the stream, but since the purification works have been in operation this feature has greatly improved. There is a general improvement being shown in the state of the river, more especially in the first few miles below the city, some portions showing at least fifty per cent over 1893, and in sections lower down an improvement is shown, but not to as great an extent."

Moreover, the subject of the self-purification of rivers can be looked at from two distinct points of view, viz., the chemical and the bacteriological aspects. Inasmuch as the organic impurities gaining access to rivers may be either devoid of life and unorganized, or living and organized, their study is in one case of a chemical, and in the other of a biological nature. From a chemical point of view, the subject has been widely ventilated; from that of bacteriology, the science of biology has yet much to reveal to us. Because streams, which are visibly polluted at one spot, are apparently pure a few miles lower down, and because chemical tests confirm such apparent purity, is not proof that they are bacteriologically pure. We are quite sure that organic matter disappears by subsidence; and that is about all we do know.

A series of investigations was made by the Rivers Pollution Commissioners, of England, I think, in 1868, to test this point, both as regards highly polluted streams, such as the Irwell, Mersey, and Darwen, and comparatively pure ones, like the Thames, but in both cases their results were of a negative character, and pointed to no real purification, i. e., destruction of organic matter, although there was distinct evidence of improvement in the quality of the water through sedimentation.

In investigations by Hulwa, Frank, and Frankland, it would, however, seem to be proved that the number of microbes undergoes a striking diminution during the stream's flow, which can be attributed only to sedimentation. In 1885, Frankland (Proceedings of the Royal Society, June 18, 1885) had shown to what an astonishing extent micro-organisms are removed in the subsidence of solid particles. This he had proved in laboratory experiments with the most varied materials. The disappearance of the microbes in the water of the Spree during the sluggish flow through the lake-like extension which it forms after junction with the Havre at Spandau, above Potsdam, is obviously due to causes of a similar kind. In the experiments of Prausnitz on the Isar at Munich, there is the same disappearance of microbes during the flow, which is again attributed to sedimentation.

This removal of microbes by sedimentation during the flow of a river is unquestionably of great hygienic importance, and of much greater hygienic importance than the alleged oxidation of dissolved organic matter, which in itself can have no power of communicating zymotic diseases; it is, however, a process which cannot be relied upon as furnishing any guarantee that harmful microbes, turned into a stream at any given point, will no longer be present in the water at any point lower down. From the numerous experiments which have been made on the vitality of pathogenic microbes in water, there can

be no doubt that many forms which might have subsided as above indicated, would remain alive for long periods of time, and be carried down uninjured when the river was next in flood. Indeed, experiments of Lortet ("The Pathogenic Bacteria of the Mud of the Lake of Geneva," *Centralblatt für Bacteriologie*, IX, 709) have shown that such deposits formed in lakes actually, and not unfrequently, contain pathogenic forms in a state of vitality.

A careful study, therefore, of the above investigations leads us to the inevitable conclusion that sedimentation is the main cause of any self-purification in river-water. Of any rapid oxidation of dissolved organic matter there is still no reliable evidence, although, of course, dilution, which frequently takes place on the largest scale, as in the case of the Thames, without being suspected until made the subject of the most careful scrutiny, will produce a superficial appearance of such a result.

We must not allow, therefore, this sedimentation of microbes to cause us to relax our protective measures to exclude contamination from our streams, but on the contrary, bacteriological research clearly indicates on the one hand, the value and importance of purifying by the very best available means all dangerous liquids, such as sewage, before admission into rivers, and, on the other hand, to submit the water drawn from streams for town supply to the most careful subsidence and filtration through sand before delivery.

Now the factors which go to lessen the number of the bacteria in a river or an aqueduct are dilution, subsidence (or sedimentation), concussion, chemical influences (including oxidation) light, heat or cold, and the antagonistic action of other micro-organisms. Dilution of the water in which they are living does not kill bacteria; and the fewer existing in a given water, the longer can any harmful ones present probably resist the antagonistic activity of others. Dilution by a better water lessens, of course, the number previously existing in a given volume. Inasmuch as the little that is known on the subject leads us to infer that (of disease-producing kinds) a considerable number of individual bacteria must reach the vulnerable part of the invaded animal organism before they affect the health, if they do so at all, we may believe that a lessening of the number of harmful bacteria by means of dilution renders water more fit for drinking; yet does not make it absolutely wholesome, even though causing it to appear relatively so.

In the matter of subsidence, it is not only the solid matter of sewage itself which is deposited that accomplishes good; from various experiments it is known that particles of any kind settling in water, carry down a notable proportion of the bacteria present. The chemical agents which are at times em-

ployed, by uniting with the organic matter present, effect much more than the mechanically-acting, weighty particles. Most bacteria which are harmful to the human organism are very tenacious of life. Chemical waste from manufacturing establishments has a distinctive influence on some low organisms. But such chemical substances only cause more pollution of the stream, which is certainly undesirable. Witness the typhoid fever epidemic of 1889, at Wilkesbarre, Penn., where the bacilli of that disease were unaffected by the commingling of coal-mine water (containing free sulphuric acid and ferric sulphate) with the Susquehanna River water, before this was taken by the water-works of the city.

When intelligently employed in suitable proportions, however, chemicals may render foul water much purer. As a conspicuous instance of this I need only mention the city arrangements at Wiesbaden, by which the sewage is treated with quicklime. It thus becomes odorless fertilizer, and clear water flowing toward the Rhine.

We lack precise knowledge concerning the antagonistic action of various putrefactive and other bacteria upon the pernicious varieties. All that can be said is, that at least some of the various disease-producing kinds perish, or fail to increase, when the ordinarily-occurring varieties are abundantly present. Yet some harmful species may thrive, despite the presence and activity of common bacteria which suppress the less hardy of the harmful ones.

Finally, we may sum up our knowledge of the subject in the following terms:—

We know, as in the case of Plymouth, Penn., that clear and tasteless water from a mountain brook may cause an epidemic of typhoid fever by being used for drinking purposes within a few miles of a point where the dejecta of a single patient entered the stream. We, therefore, assume for want of further evidence, that in water previously polluted, but through dilution or other cause containing a minimum quantity of organic matter and a maximum of dissolved oxygen, the danger of the pathogenic germ vanishes. And to be reasonably safe, we further assume that potable water must not only be of good quality, chemically speaking, but that before being used, it must have run in the stream for a considerable distance, depending upon circumstances, after it has been even slightly polluted by sewage matter, whether detectable by chemical analysis or not.

We await the present and future researches of bacteriology, which will no doubt throw an abundance of light on this very interesting subject.

*USES OF BEAN TEA—(PHASEOLUS VULGARIS).*

BY HEINRICH RAMM, M. D.

[*Translated for the Gazette by Eva von Blomberg from a monograph published by J. M. Hansen, Preetz.*]

During the years of 1876 to '79 a Mrs. B. came every year from Hamburg to Preetz in order to recuperate there. She suffered from a severe affection of the mitral valve of the heart with sluggishness of the kidneys and liver. There existed also albuminuria, considerable dropsical swelling of the lower part of the body and ascites. Dieting, exercise and the usual remedies always produced a certain improvement after a few months.

For two years I had not seen this patient, when she entered my office one day in 1881, telling me that she had come from Hamburg for the sole purpose of presenting herself to me in perfect health. In fact, there was no trace of dropsy, her complexion was healthier, speech and motion quick and easy; the affection of the mitral valve, of course, unchanged. I had no chance to examine the urine. Upon my question, what had caused this turn for the better in her state of health she told me: "Two years ago this summer I visited a friend. One day when I passed through the kitchen the water was poured off from string beans that had been boiled for dinner. Being very thirsty from the great heat, I felt the desire to drink of this bean water, and as I found it tasted quite good, I drank about one quart of it. In the afternoon at a little party I was greatly annoyed by being obliged to leave the room frequently to make water, and was astonished to find it pass in great quantities and of a light, clear colour. I had not done this for many years. The bean tea seeming the only cause of this favorable effect, I had a certain quantity of beans boiled every day in order to drink the fluid. The effect remained the same; I passed water very frequently and in large quantity, the swelling in the legs went down, my abdomen felt lighter, I could walk better, the palpitations of the heart decreased. I have been feeling well ever since."

Thinking at first that the improvement in health and the cure of the dropsical symptoms might have had some other cause, I yet decided to try the use of the bean tea, for I knew the lady as an unusually intelligent and observant woman. I used it first in the treatment of diseases of the heart and kidneys with the most surprising results. Since then the remedy has become simply indispensable to me in my practice, as it cannot be replaced by any other. I now deem it my duty to publish the results of my twelve years' experience, the more so, as in the last two months I have seen in two cases (mentioned below) that after the use of the bean tea, all sugar disappeared quickly and entirely out of the urine. I will first give the receipt for making the bean tea, and then enumerate the diseases cured entirely by the use of it, or at least greatly relieved by it in many of their most distressing symptoms.

I will further mention circumstances in which troublesome and serious symptoms can be surely prevented by a timely use of bean tea.

I use ripe, or almost ripe, dried beans with the pod (*Phaseolus*) as the medicinal property exists principally, nay, almost only, in the pods. These I have picked with about two inches of the stem. High pole beans are most effective, those growing low much less so and much more slowly. New beans, like those often used in summer as a vegetable, also contain effective elements, but according to my experience, very much less so than the older and riper pods. Two or three handfuls of such ripe, or almost ripe, beans with their pods, or the latter only, are boiled for three or four hours in a sufficient quantity of water until about a quart of the decoction remains. This is strained through a fine sieve and appears a more or less dark brown clear fluid of somewhat bitter taste, which I call bean tea. The whole quantity is taken in the course of a day. It becomes more palatable by an addition of meat extract, and if boiled with meat (or fowl) forms a simple nourishing food; especially in cases of want of appetite and great debility. Prepared in this way I usually have it taken warm; the pure bean tea is usually more pleasant to take like cold tea (not iced). I have a fresh quantity prepared every day and the use continued as long as necessary. Circumstances sometimes demand a greater or less dilution; sometimes its use has to be discontinued for days, if it is too repugnant to the patient. During the summer when dried ripe pods cannot be had, I use young green beans; but then a larger quantity is needed and it is well to eat the beans and pods themselves as far as possible.

The effect of bean tea is most striking in general hydrops, caused by diseases of the heart and kidneys. Within twenty-four hours frequently (in one case of general acute hydrops with marked anæmia, twenty-two quarts of urine were passed during the first night), but almost always on the third day, there begins a passage of urine that does not seem to stop until every superfluous drop of water has been discharged from the body. The albumen disappears quickly, and almost always entirely, from the urine; in primary kidney troubles the urine contains only faint traces of albumen after a few weeks. Wherever the incurable nature of the disease, or too great a change in the inner organs dependent on the diseased organ, prevent an improvement, I always succeed at least in reducing the dropsy to a minimum, if not overcoming entirely this symptom which is the most trying for the patient, his nurses and the physician.

I prescribe the continued use of bean tea in all dropsical states caused by

1. Diseases of the heart and blood: as myocarditis, chlorosis.
2. Diseases of the kidneys: morbus Brightii (even in its last stages), so-called amyloid degeneration, inflammation of the kidneys after scarlet fever, diphtheria, typhus, acute inflammatory rheumatism, albuminuria of pregnancy.

3. In local accumulation of water and secretions in consequence of single organs not working directly for the whole body: secretions of the pleura, the pericardium, the large joints, the peritonæum (in puerperal fever), ascites in disease of the liver and other local disturbances.

I further prescribe bean tea with great success in all chronic disorders of the urinary passages, from the kidneys to the urethra: in pyelitis, catarrh of the bladder, formation of gravel or stones in the bladder. In one case stones of almost the size of a hazel nut wedged into the ureter, in several cases small stones in great quantity, were discharged spontaneously with the urine after the use of bean tea during several weeks. Uric acid, small concretions, and gravel usually disappear quickly.

For years I have considered bean tea a most important remedy for *gout*. No other remedy, among the many that have been recommended lately, approaches bean tea in its efficacy in stopping the formation of uric acid, or dissolving and discharging through the kidneys deposits of uric acid.

I can refer to patients who years ago suffered from morbus Brightii, with extreme hydrops of the whole body, who have suffered from chronic albuminuria with beginning hydrops, and frequently from severe nephritic colic, who are taking bean tea daily since their recovery by means of it, and who now enjoy comparatively good health. In a typical case of chronic nephritis, where the feeling of health and the unpleasant taste of the bean tea tempt the patient (a baker at Preetz) now and then to discontinue the use of the tea for some time, considerable albuminuria and the first symptoms of uræmia show themselves at once every time and always quickly disappear again when the remedy is taken. Some gouty patients who had been unable to leave their chair or their room without help, have, by the continued use of bean tea, been enabled to take daily walks of from four to five kilometres and are enjoying since some years recovered health.

The above shows that I am right in prescribing bean tea also in those cases where a disease of the kidneys is imminent and thus life itself endangered, viz., in all cases of long-continued suppuration during slow recovery from severe illness, as diphtheria, scarlet fever, typhus and especially in the latter half of pregnancy. Three women whom I treated for eclampsia during and after giving birth, never showed albumen in the urine, when pregnant again, when using bean tea. All of them have borne children repeatedly and easily afterwards. One woman who, in spite of knowing better, had neglected to take the tea in time, had to suffer, during and after two confinements, severe eclamptic attacks.

In concluding I mention two cases in which all sugar had disappeared from the urine after eight and ten days of using bean tea. Five or six years ago I believed to have noticed that no sugar could be traced in the urine after the use of bean tea, but

I concede that at that time I might have been mistaken. Now it is different: The urine of both patients (a Mrs. Schr. and a Mr. Th.) has been examined repeatedly by myself and also at the pharmacy, and been found to contain sugar in considerable quantity in the former, and less quantity in the latter case. The symptoms of diabetes mellitus had existed in both cases for over two months. After bean tea had been used for ten days, in the first case with bromine and carbolic acid (internally), in the second without any other medicine, the sugar had disappeared entirely from the urine. This continues perfectly free from all trace of sugar even now, when for a fortnight no bean tea or other medicine has been used and both patients have no longer lived on a diabetic diet, but eaten all regular food.

My experiences so far prove that bean tea, used in time, is a reliable remedy in diabetes mellitus, dropsical conditions in consequence of heart disease, in dropsy resulting from various affections of the kidneys and other organs. I prescribe it also with great success when there is a formation of gravel in the kidneys, or pelves of the kidneys, in diseases of the pelvis of the kidney, the urethra and the bladder, in gout, chronic rheumatism, and the most obstinate forms of ischias.

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#### ADENOID VEGETATIONS IN THE NASO-PHARYNX.

BY EDWARD D. FITCH, M. D., WORCESTER, MASS.

[*Read before Homœopathic Medical Society of Western Massachusetts at Springfield, Mass., Sept. 18, 1895.*]

This is a term applied to glandular hypertrophy in the vault of the pharynx, or enlargement of what is known as Luschka's or the pharyngeal tonsil.

This condition was first fully described by Meyer of Copenhagen who, in 1868, reported 102 cases and gave to the disease the name Adenoid Vegetation. Although these growths have been thoroughly investigated by many observers since Meyer, very little has been added to the admirable analysis which he presented. Improvements in instruments and technique of operation have resulted from our greater clinical experience, but the ideas of etiology, pathology, and symptomatology remain nearly as Meyer presented them.

Luschka's tonsil is a part of the great circle of lymphoid tissue which normally surrounds the beginning of the respiratory and alimentary tracts, this circle being made up of Luschka's or the pharyngeal tonsil in the vault of the pharynx, the faucial tonsils, on either side of the fauces, between the anterior and posterior pillars, and the so-called lingual tonsil, or lymphoid tissue, situated at the base of the tongue. The exact function of these structures is still to some extent a matter of speculation, but it is pretty generally considered that they have a phagocytic action, the lymphocytes

which freely make their way in and out of these masses having the power of taking up and destroying the various bacteria which seek to gain entrance into the economy. This action seems to be similar or supplementary to the function of phagocytosis possessed by the general circulation. It would seem that nature had placed this circle of lymphoid tissue at the entrance to the respiratory and alimentary tracts to repel bacterial invasion either by respiration or ingestion.

In an analysis of 102 cases presented by Meyer we find 62 occurring under fifteen years of age, and 83 cases under twenty. Bosworth reports an analysis of 75 cases in his own practice in which we find twenty-one under fifteen years, while 50 were between fifteen and thirty years of age, showing a much higher average as to age than Meyer's cases. Bosworth states, however, that he included in his tables "those cases of broad, flat growths and small glandular hypertrophies which constitute the essential morbid condition of many cases of so-called naso-pharyngeal catarrh," believing these growths to be identical with those of child-life. Moreover, many cases of glandular hypertrophy, both of pharyngeal and faucial tonsils, undergo atrophy at the period of puberty. We may regard the disease then as essentially one of child-life, developing often in infancy, and in some cases being no doubt congenital.

Heredity probably plays an important rôle in the production of adenoids as it is not uncommon to find a number of children in the same family affected similarly. To what extent a dyscrasia lies behind it all as a predisposing factor authorities differ, unless we call the natural tendency of child-life towards the involvement of the lymphatics in inflammatory changes a dyscrasia. We know that this tendency is much more marked in some children than in others, and to this a French writer has applied the term "lymphatisme" to distinguish it from the true scrofulous diathesis. Bosworth claims the cause of these growths to be "simply a tendency to hypertrophy, as the result of inflammatory changes which characterize the lining membrane of the upper air passages and their appendages under the stimulus of repeated colds." No doubt many inflammatory conditions which affect the nasal and pharyngeal mucous membranes have as a predisposing factor hyperplasia of the pharyngeal tonsil, and in turn react upon it producing still greater hypertrophy. In a general way, then, we may consider the predisposing factor in the etiology of this disease to be the tendency toward involvement of the lymphatic tissue in inflammatory changes which exists in children, whether we call such tendency "lymphatisme," struma or some other diathesis, while the exciting cause may be anything which will cause repeated attacks of inflammation in the naso-pharyngeal mucous membrane.

A child suffering from adenoids attracts attention on account of three quite marked symptoms — mouth breathing caused by

obstruction of normal nasal respiration, a peculiar facial expression, and a dead or non-resonant quality of voice, in which the pronunciation of certain consonants becomes an impossibility. In addition to these we have a number of symptoms of more or less importance which demand relief. Prominent among these are the excessive secretion, deafness, which is one of the complications almost sure to occur, snoring, night terrors, and according to some authors, laryngismus stridulus and false croup. Deafness is one of the complications which is to be guarded against by early recognition of these growths and their removal. It is no doubt produced by interference with proper ventilation of the middle ear through obstruction of the orifice of the Eustachian tube. As a result of improper ventilation there is developed either simple catarrhal inflammation of the middle ear, or that more severe form of inflammation, the suppurative, causing impairment, and sometimes entire destruction, of hearing. In view of this terrible complication, how important it is that proper attention should be given to this condition of adenoids and an early operation recommended. Because these growths tend to atrophy at puberty do not wait for that to occur, since meanwhile irreparable injury may be done not only to the hearing, but also to the voice.

Bosworth states that "probably a very large majority of ear troubles in children under twelve are dependent on vegetations in the pharyngeal vault."

It is claimed by some that there is no causal relationship between the adenoids and the high arched palate, but I have observed quite a perceptible broadening and flattening of the arch after removal of the growths in the vault of the pharynx.

The diagnosis is ordinarily not difficult, the prominent symptoms mentioned being sufficient. Examination of the vault of the pharynx by the index finger will always render the diagnosis certain, and with care can generally be accomplished. Examination by the rhinoscope is not always possible, especially when the faucial tonsils are also enlarged.

Treatment may be classified as of two kinds, expectant and operative, for I class medicinal treatment under the head of expectancy. It is questionable in my mind to what extent medicines will influence these growths. Some claim excellent results but they are slow. Most may be expected from Calc. phos., Kali mur., and Sang. nit. Personally I prefer not to waste time with internal medication, the results of which are problematical, but to operate as early as possible. If the child is run down or anæmic a course of cod liver oil and some preparation of iron may seem advisable before attempting operative procedures. Many methods of removal of these vegetations have been suggested and used, each having its advocates. The use of caustics, such as chromic acid, glacial acetic, mono-chloracetic, and tri-chloracetic acids has been recommended, but their application

requires a great deal of care and the process of reduction is slow. The cold wire snare, or the galvano cautery point or loop may be used, the latter having in some hands given very satisfactory results. The speedier methods of removal are by means of forceps, curette, or finger-nail. By either of these methods, general anæsthesia is best, and thorough removal at one sitting accomplished. In my own cases I have generally depended upon the finger, which one has to use anyway to finish up the cases in which forceps are used, and which I believe makes the best curette, as it tells one just what is being accomplished. Of course the strictest antiseptic precautions must be taken, and extra care to insure thoroughly aseptic hands. The hæmorrhage is considerable but rarely troublesome, and is less I believe when the finger is used than with either forceps or curette. Very little after-treatment is required.

In closing I simply wish to impress upon you the dangers to the faculty of hearing which attend these growths, and the diminished mental growth which accompanies it; also the greater tendency to diseases of the lower respiratory organs from persistent mouth breathing, and to advise in all cases the careful consideration of a speedy removal of all the symptoms by an operation, which is not at all dangerous and which is productive of so much good.

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#### *INDUCTION OF RESPIRATION IN THE STILL-BORN.*

BY HOMER CLARK, M. D., WOLLASTON, MASS.

The relation between the reflex of the sphincter ani and the respiratory centres is well known. Stimulation of this reflex is used to advantage in chloroform and ether narcosis, in cases of opium poisoning and other instances where stimulation of the nerve centres governing respiration is necessary. It has not to my knowledge been previously used to induce respiration in the still-born. My experience in the following case will I am sure prove of service to others:

In February, 1895, I delivered a case of breech presentation with its usual trying phenomena. The head was but a very little delayed, yet the child was breathless when born. The usual methods of inducing respiration in such cases, viz., swinging by heels, dashing with cold water, and that of Sylvester were tried without success. As a last resort the little finger was thrust into the anus. The contraction of the intercostal and abdominal muscles was truly surprising, and the child gasped.

In about five seconds the dilatation was repeated and with the same result. About seven dilatations, at intervals of from five to ten seconds, were sufficient to establish respiration. A dash of cold water in the child's face caused it to cry, and the critical point was passed. The cord was during this time of course uncut.

This method commends itself as being effectual, simple and easy to perform.

## EDITORIAL.

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

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*PRESIDENT ELIOT ON IMPROVED MEDICAL EDUCATION.*

President Eliot's views on possible methods of bettering medical education, as expressed a few months ago to the Harvard Medical Alumni Association, and published in the *Boston Medical and Surgical Journal*, have many cogent and thoughtful suggestions worthy of consideration by medical educators everywhere. We herewith submit certain of these views to our readers with the comment that, while in the main heartily agreeing with him, we would take issue with President Eliot on one point; namely, that a collegiate degree be an indispensable requirement for every matriculant. It seems to us that an honest, searching and thorough preliminary examination in all branches wherein the student of medicine should be well grounded, answers every purpose of sifting out incompetents. To require certificated evidence that the knowledge of which a student thus, under examination demonstrates the possession has been acquired at this or that institution of learning, to us savors distinctly of the pedagogical, and is out of harmony with the spirit of modern education, whose wholesome habit it is to demand *What*, rather than *How*. Suppose that physics and English have been studied as Garfield and Lincoln studied them, — by the fire-light of logs of their own hewing, and after days of strenuous and honorable manual labor instead of with fellow-students in academic halls, — is the student whose knowledge is thus gained likely to be a less desirable candidate for the profession of medicine? By all means preliminary examinations and demonstration by competition of assured fitness; but no unnecessary and therefore arrogant demand that this fitness be won through this channel or through that!

And now to listen to President Eliot: —

“Mr. President and Gentlemen: The problem which your President has just put before me is certainly a very grave one. The average age of admission to Harvard College at this moment is fully nineteen. The student who stays there four years to get his A. B. is twenty-three when he graduates. He then goes to our Medical School to stay there four years; so he is twenty-

seven years of age before he even has his medical degree, and we all know that some years intervene between that achievement and competency to support a family. Now that highly educated young man ought to have been married at twenty-five.

“The remedies for this state of things—which is really intolerable, gentlemen, and which particularly ought not to exist in a country so new as ours—are somewhat complex. They, in the first place, must include an improvement in the secondary schools of the country, whereby the boys may learn a great deal more and yet come out of them earlier. The proper age for secondary education in our country is between thirteen and eighteen, not higher.

“I know that what the average student at Harvard College does in four years can be well done in three, with good results to the students and no harm whatever to scholarship. There is no worse practice for a young man than to work easily half his time, or a third of his time for four years. He had a great deal better work hard for three years; with hard work he will acquire both more information and more power in three years than he will with easy work in four. The college course in our country should be more strenuous and shorter. Let the boy come out at the age of eighteen from his secondary school and out of college at twenty-one, and then there may be some prospect of his beginning to fulfill his highest duties to the community by the time he is twenty-five. But, gentlemen, this problem is an extremely difficult one, which needs to be worked out patiently by the teachers of secondary schools, the faculties of colleges, and all those interested in the welfare of educated society. Next year we have before us a good year’s work in developing and carrying out for the first time the fourth year’s course of instruction. That is enough work for the year. We shall make a substantial addition to the instruction heretofore given in our schools in putting into practice the plans laid down some time ago for the fourth year of the school. But, then, during that year we may expect to make plans for further development.

“On what lines are those plans to run? It seems to me that the next thing for our Medical School to do—I would not urge this on all medical schools—that the next thing for our Medical School to do is to require for admission a first degree in arts, letters or science; that is, to enact that nobody shall be admissible to our Medical School unless he is already the possessor of a first degree in arts, letters or science. This measure would perhaps in some degree diminish at first, for a short time, the resort to the school, but should not be declined by us on that account. Indeed, that very consideration should stimulate us to undertake this honorable task, rather than deter us from it.

“The American universities have long been peculiar in that their professional schools were wide open to any passer-by in the street, whereas the colleges were guarded by rigid examinations.

This peculiarity may have been expedient during the elementary stages of the development of our educational system; but now, after a hundred years or more, it becomes us to imitate the example of the universities in older countries, and our leading professional schools should no longer be open to persons of no academic training whatever.

“In Harvard University it should not be the case that the admission of young men to the Medical School should be perhaps one third as difficult as the examination for admission to Harvard College. The real University quality of our Medical School will not be developed till it consists entirely of men whose preliminary education has been adequate and thorough. All that is needed to carry out this measure successfully from the pecuniary point of view is a long enough notice. Already for some years our Divinity School has admitted as regular students none but graduates in arts; and next year, the Law School enters on a similar policy. It gave notice several years ago that after June, 1896, no persons would be admitted to the Law School as regular students unless they already held degree in arts, literature, philosophy or science, or were qualified to enter the Senior Class at Harvard College. It is that policy which I urge upon the Medical School with adequate notice; and I should think the even year, 1900, rather a fortunate time to put this new policy into effect. Five years’ notice would be enough to prevent any serious diminution in the numbers of the school, for it is long enough to enable any ambitious boy to meet the requirement — any ambitious boy who is looking forward to a medical career. That, then, would be the first new policy which I would urge upon the school, and which I would ask you, the graduates and friends of the school, to support as you supported the revolution in the school of 1870-71, a much more difficult revolution.

“The second step which I desire to urge is a decided enlargement of the instruction. The limit of instruction in most American medical schools has been an amount which the average student could himself absorb during the required residence, say three years. The school taught nothing beyond. Anything outside of this was held to be superfluous, unnecessary and almost illegitimate, because not conducting to the degree taught by the ordinary practitioners. There was practically a prescribed curriculum. There is to-day the prescribed curriculum for our Medical School except for the fourth year. Now no department of the university can be adequately extended and improved under such a restriction as that, namely, that it shall teach no more than a fair student can learn in three years. I believe that the instruction now given at Harvard College, for example, is more than any good student could take in sixty consecutive years, if he devoted himself exclusively to following the courses of the college. That is, the amplitude of instruction bears no relation

whatever to the capacity of absorption of a single student in four years. Just so it ought to be in a University Medical School. There should be an extended instruction far beyond the limits of any one student's capacity. This involves, of course, an optional or elective system within the school itself, whereby the individual student should take what is for him the best four years' work, the Faculty supplying an amount of teaching which it would take a single student eight, twelve or twenty years to pursue. We must escape at our Medical School from this limitation of instruction to a prescribed curriculum suitable for any one student who follows it four years.

"There would go with this enlargement an expansion of investigatory work, of what may be called scientific medical work, or laboratory research; and an increase of the staff, so that the professors of the scientific subjects might have a staff capable in itself of extending medical investigation. The graduate department of the school would simultaneously increase.

"And now a third thing our Medical School needs, and should have in the near future, is a hospital of its own, wholly under the direction of the teachers of the school. I should like to explain to you from the point of view of the President of the University one aspect of that need. Of course, we all realize that additional clinical facilities are desirable in any medical school, but that is not the point that I desire now to bring to your notice. At present, we breed in and in too much in our Medical School, and we are too closely restricted in selecting our teachers among the medical men of this particular community right about us. What determines that restriction? It is the common necessity of offering a medical teacher clinical opportunities. But the hospitals, dispensaries, and asylums are managed by independent boards of trustees, and in selecting their staffs these trustees have not primarily in view the necessities of medical instruction, willing though they be to coöperate with the Faculty with the purpose of improving medical instruction. The members of the staffs of the hospitals, dispensaries, and asylums are selected for other qualities than a capacity to teach; but when the President and Fellows of Harvard College wish to get a medical teacher from without this immediate community, they are hindered by the fact that they cannot themselves provide the gentlemen whose services they seek with clinical opportunities. If there were a hospital within the control of the university, this serious difficulty in the way of bringing admirable men from without to the service of the school would be greatly diminished, and it is from that point of view that I desire to see a hospital connected with our Medical School.

"These three points, gentlemen, are the ones which I wish to-day to have an opportunity to bring to your attention: the expediency of prescribing a degree in arts, science or letters for admission; the desirableness of greatly extending the instruction

of the school; and the need of a hospital within the control of the university. I ask your support for these measures so far as they may in time commend themselves to your judgment; and I take this opportunity of thanking you once more for the extraordinarily cordial and effective support which has been given to the Medical School by this Association, and indeed by the medical profession of Massachusetts during the rapid growth and expansion of our Medical Department since 1880. . . . ”

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### EDITORIAL NOTES AND COMMENTS.

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A PHYSICIANS' HYMN BOOK is something as yet uncompiled, but when it strikes some worker in such lines that there may be room for a book of verse which may, of Sunday twilights, serve to wile the thoughts of the medical worker toward the higher issues of his work, verse suited to such a collection will not be wanting. For one number, coming instantly to mind, Holmes' noble "Anatomist's Hymn." Again, and as voicing the wistful hopes of hundreds who dare not venture to say "I know," the little known but very beautiful "Agnostic's Hymn" by Edward Dowden: —

Thus it may be a lifetime, ne'er to meet;  
 A trackless land divides us, lone and long.  
 Others who seek Him find; run swift to greet  
 Their friend; approach the Bridegroom's door with song.

I stand, nor dare affirm I see nor hear;  
 How should I dream, when strict is my employ?  
 But if sometime — far off — Thou drawest near,  
 Shall there be any joy like to my joy?

And again, to be read very thoughtfully because of the exceeding and daring breadth of their optimism, which finds subject for thanksgiving where scientific men for ages have found but mystery and painful wonder, there are the recent verses by that deep-thoughted doctor-author, Conan Doyle; from which we take the privilege of quoting the following: —

Oh! God's own best will bide the test,  
 And God's own worst will fall;  
 But best and worst, or last and first,  
 He ordereth it all.

For all is good, if understood —  
 Ah! Could we understand! —  
 And right and ill are tools of skill  
 Held in His either hand.

Wisdom He makes to guide the sap  
Where the high blossoms be ;  
And Lust to kill each weaker branch,  
And Drink to drain the tree.

And Holiness, so that the bole  
Be solid at the core ;  
And Plague and Fever, that the whole  
Be changing evermore.

He strews the microbes in the lung,  
The blood-clot in the brain ;  
With test and test He picks the best,  
Then tests them o'er again.

He tests the body and the mind ;  
He rings them o'er and o'er ;  
And if they crack, He casts them back,  
And fashions them once more.

And still He trains the branch of good,  
Where the high blossoms be ;  
And wieldeth still the shears of ill  
To prune and prune His tree.

So read I this, and as I try  
To write it clear again,  
I feel another Finger lie  
Above mine, on the pen.

Dim are these peering eyes of mine,  
And dark what I have seen ;  
But be I wrong, the wrong is Thine,  
Else had it never been.

A NEW HYGIENIC CONTRIVANCE of an uncommonly sensible and useful sort has lately been put upon the market in the shape of a "Kitchen Garbage Carbonizer," the patent of which is held by the Sanitary Construction Co. of Boston. A recent printed description of the article in question thus sets forth its make and uses : —

"This new invention proceeds by drying and carbonizing the garbage, turning it into charcoal that will not only burn without noxious odors, but will add some degree of heat to the stove, or may be used to start a new fire, supplying the place of other kindling, therefore paying for itself in a short time. This process is accomplished without any diminution of the draft, with no interference with the regular work of the range, with no loss of room for space occupied by the carbonizer, no extra fuel needed, and with the certainty of securing something afterwards useful for heating purposes.

"Its Construction. — Between the stove, or range, and the flue

of the chimney is placed a horizontal cylinder about one-third larger in diameter than the stove pipe, and in length about twice the diameter of the pipe. One end of this cylinder is removable, and attached to the inside of this end is a basket or scoop, made with perforated sides and a tight bottom, and somewhat smaller in diameter than the cylinder, giving a free passage for the smoke and heat, from the stove, around it and through the perforations. When it is to be used the basket or scoop is withdrawn by means of a handle on the outside of the cylinder head, filled with garbage and placed in the cylinder. The heat from the fire drives off the water and transforms the residuum into charcoal, and this is put into the fire, burning with a clear flame, or after being left over night may be used to kindle the morning fire, since, with a piece of paper or a stick of kindling to start it, this carbonized garbage will ignite coal.

"That there is no odor attending the use of this Garbage Carbonizer is due to the facts, 1st, that it is located in the direct outward passage of the draft, which prevents the escape of any odor into the apartment; and 2d, the carbonic acid gas resulting from the fuel combustion effectually deodorizes the gases escaping from the dry garbage, and the resulting product is almost pure carbon.

"They are inexpensive, and can be placed wherever a joint of stove pipe or elbow makes the connection between the stove and chimney, and can be applied to any stove or furnace, to any size of pipe and adapted to the requirements of any sized family, and for hotels or restaurants. This system, but recently placed on the market, has long passed the experimental age, and hundreds are now in use, and in all cases have given the greatest possible satisfaction, and are really a public benefactor and cannot fail but to become universally used."

THE WORK OF THE MELBOURNE HOMŒOPATHIC HOSPITAL, as outlined in its annual report just received, speaks gratifyingly for the usefulness and popularity of that ably conducted institution, and of the cause for which it labors. There are given herewith a few statistics from the report of the resident medical officer, Dr. H. W. J. Cook:—

"The In-patients treated amounted to 826; out of this number 49 remain in the hospital, so that 777, or 21 more than last year, were discharged. The number of deaths was 47, of which 35 were in the Medical Wards and 12 in the Surgical.

"The total number of Out-patients was 4,605, being an increase of over a thousand patients.

"The work carried on in the Surgical Wards has still continued to increase considerably. Three hundred operations were performed; this being 67 more than the year before.

"The number of casualties treated was 360—a further increase during the year of 68.

"It will thus be seen that the number of patients who have sought benefit from the Institution has considerably increased in each department."

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### SOCIETIES.

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#### *BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord St., Thursday eve., Nov. 7, 1895, at 7.45 o'clock, President H. C. Clapp, M. D., in the chair. The reading of the records of the Society was dispensed with, by vote of the Society.

The following physicians were proposed for membership: Alonzo Gale Howard, M. D., of West Roxbury, John A. Balcom, M. D., of Haverhill, Helen G. F. Mack, M. D., of East Boston, and A. Louise Farrington, M. D., of Cambridge.

John D. Tupper, M. D., of Westport, and H. A. Downs, M. D., of Somerville, were elected to membership.

The Secretary made the following motion, "That inasmuch as the name of one of the officers of the Section of Diseases of Children was lost, the President be authorized to fill the vacancy." Carried.

Dr. I. T. Talbot made a motion that the President and two Secretaries, with a classmate of each deceased member, act as a committee to prepare obituary notices. Carried.

#### SCIENTIFIC SESSION.

The following pathological specimens were presented by Dr. Horace Packard:—

1. Osteo-sarcoma of the upper jaw, in a woman thirty-two years of age. Family history negative. The growth of the mass was slow at first, but during the month before operation it increased in size rapidly, with much pain. It presented as a well-rounded eminence under the right eye. The incision employed was that of Sir W. Fergusson, and the superior maxilla and tumor were removed in the usual way. The patient made an excellent recovery.

2. Calcified uterine myoma from a patient sixty-four years of age who passed the climacteric at forty-six, and has had no flow since. First noticed enlargement and irregularity of abdomen two and one-half years ago. The tumor occupied the anterior uterine wall, covered by a thin layer of uterine tissue, which was incised and the tumor easily enucleated. The wound in uterus was closed with deep silk sutures. The patient made an uneventful convalescence.

3. Sacral tumor (probably teratoma) removed from a girl fourteen years of age. The tumor presented as a well-rounded mass about as large as a man's fist, occupying the gluteo-sacral region. An incision over the prominence of the tumor revealed a distinctly lobulated and encapsulated mass, which was traced to its base, and found to protrude from a hole through the sacrum. Several similar lobes were removed from within the pelvis. Excellent recovery.

Dr. W. J. Winn presented a specimen of pus tubes, which he had removed per vaginam. The operation was very difficult, as the tubes were much enlarged and very adherent. Patient made a good recovery.

Dr. Winn also cited the case of a child seven weeks old, where a tumor was found similar in many respects to the last cited by Dr. Packard. The growth was one-half the size of a child's head, located over the lower part of the sacrum and was found attached to its anterior surface. Microscopical examination showed cartilage and remains of other foetal structures.

#### SECTION OF MATERIA MEDICA.

Duncan Macdougall, M. D., Chairman.

F. P. Batchelder, M. D., Secretary.

Mary H. Baynum, M. D., Treasurer.

A committee was appointed, consisting of the following physicians — Drs. J. P. Sutherland, Duncan Macdougall, and M. W. Turner, to nominate sectional officers for the ensuing year.

#### PROGRAM.

1. Argentum Nitricum in Functional Exhaustion, by J. Heber Smith, M. D.

2. Drug Effects to be Studied like Disease Effects, by Conrad Wesselhoeft, M. D.

3. The relation between Serum-Therapy and Homœopathy, by J. P. Sutherland, M. D.

#### DISCUSSION.

The first paper was discussed by F. B. Percy, M. D. He considered argentic nitrate as indicated in gastralgia where there are frequently recurring nightly paroxysms of pain, with eructations of gas. There is often a peculiar sensitive spot below the ensiform cartilage. Also indicated in certain forms of functional gastritis, especially during the early months of pregnancy, when there is no relief from rubbing the epigastrium, but from sudden explosive belching. Grey states that the cerebro-spinal axis is the seat of its action. In despondency the characteristic features are loss of consciousness of time, and hyper-conscientiousness. In functional disturbances such as impotence, premature senility, despondency, spinal exhaustion, lack of control of bladder and rectum, argentum nitricum is indicated. In the early stages of

locomotor ataxia it is trustworthy (*plumbum metallicum*). In spastic paralysis and cerebral neurasthenia due to alcoholism, venery, etc., this remedy is of great service.

Dr. I. T. Talbot opened the discussion on the second paper. Disease effects are and have been a study since medicine became a science. Disease effects, as noticed in measles, for instance, are cough, fever, trouble with the eyes, and a certain eruption. We find these present in various degrees, and we diagnose the disease as measles. The same applies to scarlet fever, with its characteristic symptoms. But what will be the effects of this disease before it has completed its course? There may be deafness, kidney disease, ascites, otalgia. Who, when called to a case of scarlet fever, can tell whether the case is to make uninterrupted recovery, or is to have sequelæ? Our studies in the ultimate effects of drugs are also limited. It remained for our school to go beyond the immediate effects of drugs and study the secondary, and ultimate effects upon the human body.

Dr. J. Heber Smith was reminded by two allusions in Dr. Wesselhoeft's paper, of the sensory nerve terminals which are illustrated by a principle of military science. For defence scouts are thrown out, inside of these pickets, and then a line of resistance. In much this way, the peripheral nerve tissue resists the inroads of the enemy, as in the skin, mucosa of the mouth, or by vomiting or purgation, means adopted by nature to repel or get rid of the invader. These crude effects have perhaps been over considered in drug studies, but the more careful investigation of nervous reaction is recommended. Make these comparative studies and see in what way degenerative processes occur in tissue, by drug action. These nerve cells may be considered as a storage battery, and there is a transmission of something, which we may compare to energy, from one point to another. It is an alarm rung in on the vital cells that an invader is at hand. So it will appear that the younger members of the profession will have the opportunity of studying these. I intend to throw my influence along the line of more scientific and accurate knowledge of drug effects on the living tissues.

A motion was made at this point in the program, that an adjourned meeting be held two weeks from to-night in order that the discussion of Dr. Sutherland's paper, and the presentation of Dr. Macdougall's paper, entitled "The Pathogeneses of Certain Remedies as Related to Diphtheria," might be allowed ample time. Carried.

#### *WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.*

The twenty-ninth annual meeting of the Worcester County Homœopathic Medical Society was held in the First Universalist Church, Worcester, Wednesday, November 13. It was, perhaps, one of the most successful in the history of the organ-

ization. The papers read were of great scientific value, and commanded close attention. But most conspicuous was the postprandial speaking; such a flow of wit has been seldom heard in any local gathering.

The session opened in the vestry at 9.30 A. M. President Dr. George A. Slocomb of Millbury was in the chair. The following were admitted to membership: Dr. Joseph Dutra, Worcester; Dr. Russell Bingham, Fitchburg; Dr. E. N. Kingsbury, Woonsocket, R. I., and Dr. L. W. Atkinson of Winchendon.

These names were proposed for membership: Dr. G. Francis Adams, Westboro; Dr. R. G. Reed, Woonsocket, R. I., and S. R. Capen of Natick.

Then came the election of the following officers: President, Dr. Carl Crisand, Worcester; first vice-president, Dr. W. H. Bennett, Fitchburg; second vice-president, Dr. George S. Adams, Westboro; secretary and treasurer, Dr. Amanda Bray, Worcester; librarian, Dr. E. D. Fitch, Worcester; censors, Drs. C. L. Nichols, J. P. Rand and J. K. Warren of Worcester.

Dr. Edward A. Clarke of Westboro presided at the day's program. Dr. J. M. Barton, Worcester, read a paper on "Facial Indications." "Important points in the Diagnosis of Heart Disease," was discussed by Dr. J. P. Rand of Worcester, and Prof. H. C. Clapp of Boston opened the debate, which was followed by others. Dr. E. D. Fitch of Worcester read a paper on "Pulsatilla: a Critical Analysis according to the Chart Method" (which will be printed in the next issue of the *Gazette*), and Prof. J. Heber Smith of Boston opened the discussion. Prof. J. W. Dowling of New York read a paper on "Hard Arteries" (which will be printed in the next issue of the *Gazette*). Owing to the lateness of the hour, the other two subjects announced were not presented.

Adjournment was then taken to the west parlor, where dinner was served by Rebboli. When time for speeches arrived, termed on the program a season of delirium, coma and convulsions, Chairman Slocomb introduced Dr. Crisand as toastmaster.

Before President Slocomb arose to give the annual message the toastmaster jocosely described him as one who two years ago was living on one dollar a week, had no dog to cheer him, and used the same lamp for illumination and cooking. But he had a wife, and all was changed. This put every one in a sufficiently good humor to listen to Dr. Slocomb's paper on "Antagonism to New Medical Theories," which ran briefly thus: There is a curiously divine principle about man's nature. He has a fallible mind. After one has studied exhaustively the sciences of medicine these words of Newton have an application: 'I feel like a child playing by the seashore,

now and then picking up a prettier pebble than the rest, while the great ocean of truth lies undiscovered before me.' Doctors detest new theories in medicine, and lawyers are bitter foes to reform, so attached do both professions become to tradition. Professors are bound to explode fallacies and antiquated formulas. The basis of knowledge is observation. Doctors have agreed to disagree. It is still a fair question whether allopaths do not kill more than they cure. A doctor being summoned on a case asked the patient if he ate and slept well, and received an affirmative response. 'Then,' said he, 'I will give you something to take away your sleep and appetite.' The warfare between the contending schools is beneficial to science. It is a disadvantage to reduce all to the same mind. The idea that medical discovery has reached its height ought not to be tolerated."

Dr. E. H. Copeland of Northampton referred to his town as the "cradle of orthodoxy." "Scientists," he remarked, "had gone wild over the discovery of the new atmospheric element, argon, and all they knew about it now was the name. Orthodoxy might stand for most anything. An old lady knew that the ancient story of a fierce battle having taken place between two armies of frogs, which had come out of a pond, was true because she had seen the pond. What orthodoxy is to progress, the spring is to the river, soil to vegetation, rain to water, earth and sunshine to gladden the heart of man."

The next toast was "The Age of Reason," which brought Dr. E. H. Hooker of Hartford, Ct., to his feet. "There is the age of infancy without reason, of childhood without reason, and of early manhood when reason begins," began the speaker. "At such a period we think we know it all. We ignore the most vital part of life, the spirituality. Spirit and mind have a great influence over the body. Worry, overwork and mental troubles injure the body, while joyful thoughts have an opposite effect. A man who dwells in a pure atmosphere, thinks pure thoughts, experiences true love, is better equipped to combat disease than a physician consumed with jealousy and whose mind is sensual. There is a dynamic power in right living. To heal others we must first cleanse ourselves."

Dr. E. P. Colby of Boston responded to the toast "Nervous Bankruptcy." "We are an intense, hard-working people, and have but little time for demonstration," began the doctor. "Our ancestors were of a hardy stock and knew not when they had done enough. It is necessary for us to take periods of recuperation. We should modify our desire to push the young. It is better to have a sound mind in a sound body than a crazy head, a miserable digestion and a wabby back."

Dr. H. E. Spalding of Boston declaimed upon the "Senate

of Seniors," saying in brief: "The old doctors have seen hard times and trouble and their advice was valuable. I believe every homœopathic physician should ally himself with local, county and state associations, and would not give a snap for a fellow who had been in practice five years and not joined a medical society. The society would do more good to the young physician than the member did to the profession at large. Another thing, the proceedings and papers at state and county conventions should be published."

Dr. F. M. Patch of South Framingham, spoke upon "The single remedy," saying, "When the disease indicates that one drug should be administered, another should not be given at the same time. Nothing can shake the truth of the principles upon which homœopathy is founded."

At this point Dr. J. Dutra favored the company with a song, and responded to an encore.

"The Old Woman and the New" was the subject taken by Dr. J. Heber Smith of Boston. He stood for the new woman. There were feminine men and masculine women. Women were entering the pulpit and practising law. He had also a kind word to say for the old woman. One of his women ancestors had been burned because she would not obey Cotton Mather's command to confess that she was a witch. Humanity was a unit. When one of us dropped out another took our place.

Dr. H. C. Clapp of Boston responded to the toast "The Consulting Physician." He thought the consulting physician should accord the attending physician every respect, and spoke interestingly on the ethics of consultations.

Dr. J. W. Dowling spoke of "New York the Physician's Mecca," of the great advantages that her hospitals and clinics afforded, and of the pride and pleasure he felt in announcing the post-graduate course now opened and the great need that had long been felt for such training. He also spoke at length upon the fact that specialists should first fit themselves for their specialty by general practice, and deplored the practice of young men taking a little extra study and calling themselves specialists, for it took years of study to make a specialist.

Lawyer C. B. Perry spoke upon the charity case. He had wondered as an attorney what the two schools were quarreling over. They were alike in one respect. Both gave allopathic doses in their bills. The case of Dr. Joe Bates of this city was instanced to show that doctors were very charitable. He had a practice of \$20,000 a year and died a poor man because he did so much and received so little. Doctors do not get the credit they deserve in this respect. Lawyers get their fees in advance if they can. He owed a homœopathic physician his life and also the bill for treatment.

Rev. Dr. Almon Gunnison spoke upon "The Anxious Moment." He said the minister is called into close fellowship with the physician, and especially the minister of liberal views with the homœopathic school. Both had been ostracized. He had recovered from a disease through the treatment of a doctor of this school which another doctor had pronounced incurable. In no class was more unselfishness shown than in that of medicine.

A vote of thanks to the speakers from out of town was then made, and the gathering dispersed.

AMANDA C. BRAY, M. D.,  
Secretary.

#### RHODE ISLAND HOMŒOPATHIC SOCIETY.

The regular quarterly meeting of the Rhode Island Homœopathic Society was held at the residence of Robert Hall, M. D., 60 Cranston St., Providence, R. I., on Friday evening, October 11, 1895. Sayer Hasbrouck, M. D., vice-president, presided, and after the reading of the records it was voted that the secretary appoint five delegates and five alternates to the World's Congress of Medico-Climatology. The application of two physicians for membership was received, and referred to the Board of Censors, while another application was allowed to be withdrawn. It was decided to hold monthly meetings through the winter. A paper on the Treatment of Abortion was read by John H. Bennett, M. D. The gist of the paper was that many cases of uterine trouble were secondary to an improperly treated previous miscarriage, and that the proper care of such cases required thorough dilatation of the cervix uteri with thorough curetting and good drainage, without using the gauze packing. There was considerable discussion upon the article. An interesting case involving a continuous high temperature was reported by W. H. Stone, M. D. After refreshment the Society adjourned.

JOHN H. BENNETT, M. D., Secretary.

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#### GLEANINGS AND TRANSLATIONS.

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NUCLEATED RED CORPUSCLES IN THE BLOOD.—Zenoni says that Bizzozero, Rieder, and others have noticed the appearance of nucleated red corpuscles in the blood after considerable or repeated hemorrhage. These corpuscles were usually noticed some days only after the occurrence of the hemorrhage, but Zenoni, in consequence of his experiments, places their appearance much earlier (*The British Medical Journal*). His experiments were made on dogs, guinea-pigs, and rabbits, in whose

blood he had previously satisfied himself that there were no circulating nucleated red blood corpuscles. He chose a dog weighing 6,700 kilog., and in ten repeated operations withdrew from it a total of 1,830 c.c. of its blood; then, after defibrinating the blood, he reinjected it into the circulation, and in an hour and a half after the operation noticed the appearance of nucleated red corpuscles in the circulating blood on examining a specimen under the microscope. In two other dogs similarly treated the appearances of these corpuscles in the circulating blood took place five hours and a half and seven hours and a half after the operation. In another dog, two rabbits, and four guinea-pigs, in whom a moderate amount of blood was withdrawn at a single operation, the appearance of the nucleated red corpuscles occurred between eighteen and forty-eight hours after the operation. Zenoni thinks that the rapid appearance of these corpuscles is due to the mechanical effect produced by the withdrawal of blood, for after repeated bleedings they appear too soon for their reappearance to be due to a hæmatopoietic reaction; moreover, eight or nine days afterward they are no longer noticed, exactly when the hæmatopoietic reaction is at its maximum. He further thinks that after loss of blood these corpuscles are mechanically drawn into the circulation from their normal site, the bone marrow; that a certain number of them get stopped in the spleen, proliferate there, and give to the spleen that foetal hæmatopoietic function which has been ascribed to it by Bizzozero as taking place after hemorrhages.— *Medical Record*.

HEROISM OF MEDICAL OFFICERS IN THE CHINESE WAR.—An item which must excite admiration is reported by a correspondent at Wei-hai-wei in a recent number of the *Broad Arrow*: "Now came a touching proof of heroic devotion to duty. While the storm of lead was still hurling thickly through the air, a company of Red Cross men, always well to the front, appeared on the field, stolidly marching out from the ravines, two and two, with stretchers and 'first aid' appliances for their comrades, right under the withering fire from the gun-boat, with never a moment's hesitation. Unarmed, but for a paltry dirk at the side, helpless in any case against such an attack, with foes heedless or ignorant of the sacred significance of the Red Cross badge, they did not flinch for a moment on their errand of mercy. It would have been easy to wait until the fire should cease, but they nobly went on and did their work as if on their parade ground at home. One by one the dead and wounded were sought all over that wide field of blood, and borne away, until within twenty minutes the place was completely cleared of every man, living or dead. Colonel Taylor, A. M. S., declared it the most splendid deed he ever saw, and the other foreign attaches who saw it were equally emphatic in their praise."— *Medical Review*.

GOOD NEWS TO MANY.—The London *Lancet* says: “The desire to rise early, except in those trained from youth to outdoor pursuits, is commonly a sign, not of strength of character and vigor of body, but of advancing age. The very old often sleep much, but they do not sleep long. A long, deep sleep, the sleep of youth, requires for its production a thoroughly elastic vascular system. The stiffening vessels of age are not so completely nor so easily controlled by the vaso-motor nerves; hence shorter sleeps. Thus, paterfamilias, who goes to bed at 11 P. M., wants to get up at 5 or 6 A. M., and looks upon his healthy son, who prefers to lie till 8, as a sluggard. When this foolish interpretation of a proverb about the health and wealth to be got from early rising is combined with the still more foolish adage which says of sleep, ‘Six hours for a man, seven for a woman, and eight for a fool,’ then we have a vicious system capable of working great mischief to the young people of both sexes.”—*Hom. Envoy*.

DR. LEWIS C. BRUCE, in the spring number of *Brain*, reports a case dual brain action. His patient exemplified double consciousness: while in one state he was out of the other, and in one state had no remembrance of his other life. With one state he was right-handed, with the other left-handed. In one he spoke English, in the other imperfect Welsh. In one, his most nearly natural condition, his pulse was strong and full; in the other, weak, with low arterial tension. The conclusion of Dr. Bruce is that in his case the cerebral hemispheres were capable of individual mental action, and that the mentally active cerebrum, for the time being, had a preponderating influence over the control of the motor functions, the patient living two separate existences during the two stages through which he passed; the mental impressions received during each of these separate existences being recorded in one cerebral hemisphere only.—*N. Y. Med. Jour.*

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#### REVIEWS AND NOTICES OF BOOKS.

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THE ELEMENTS OF SURGICAL PATHOLOGY, WITH THERAPEUTIC HINTS. By James G. Gilchrist, A. M., M. D. Pp. 340. Minneapolis: Minneapolis Pharmacy Company. 1895.

This book does not take up surgical measures and methods but confines its pages to the description and discussion of diseased states of tissues under or accompanying surgical conditions. An account of the ever interesting processes in the pathology of inflammation, with the results of various eminent investigators, is well worth reviewing. Other chapters treating of neuralgia, septicæmia, ulceration, and ætiology of tumors are full of suggestions.

GENITO-URINARY, AND VENEREAL DISEASES. By Bukk G. Carleton, M. D. With VENEREAL DISEASES OF THE EYE: by Chas. Deady, M.D.; and VESICAL CALCULUS AND EXTERNAL URETHROTOMY: by Wm. Francis Honan, M. D. New York: Boericke, Runyon, and Ernesty. 315 pp.

A thoughtful and comprehensive work on the treatment of venereal diseases from the homœopathic standpoint has not of late years been offered to the profession; and the appearance of the present one, therefore, can scarcely fail of its welcome. Not only the medical but the surgical treatment according to the latest and best-considered methods, is given with careful detail; and illustrative cuts of the instruments employed greatly facilitate the understanding of the text. The repertories are carefully prepared and excellently specialized. The essay by Dr. Deady, on Venereal Diseases of the Eye, is worthy the most earnest consideration, pointing out, as it does, the methods by which the terrible misfortune of blindness may be averted when it seems imminent. The volume as a whole is well fitted to usefully fill a place in homœopathic literature which has long been practically vacant.

GOUT AND ITS CURE. By J. Compton Burnett, M. D. Pp. 158. Philadelphia: Boericke & Tafel. 1895.

This is a most interesting little book, more narrative than didactic in style; but full of things to think about. Apropos of the unguided use of Colchicum in gout, Dr. Burnett argues against the removal of manifestations and leaving the disease itself to crop out soon again. He does not use Colchicum, his chief remedies being Natrum Muriaticum, Aurum, and, particularly, Urtica Urens with which he claims to have *cured* many cases.

A MANUAL OF ELECTRO-THERAPEUTICS. By C. T. Hood, A. M., M. D. Pp. 178. Chicago: Gross & Delbridge Company. 1895.

An unusual feature is the consideration in the first half of the work, of electricity itself in its different manifestations, the laws governing it, the apparatus used in its production, the construction of different cells, and the descriptions of various batteries, electrodes, etc. A chapter on Electro-Physiology gives a brief account of the effects of electricity on the normal human organism. The remainder of the book is filled with careful directions for the treatment of various diseases by Electro-Therapeutics, the last chapter describing the use of the Electro-Cautery.

THE UNIVERSAL HOMŒOPATHIC ANNUAL OF 1894. A yearly Report of all the Homœopathic Literature throughout the World and a Review of Allopathic Works interesting Homœopathy. Edited by François Cartier, M. D., Paris, France. Pp. 514.

This ought to prove a most valuable publication, showing as it does the homœopathicity of drugs, in the citation of instances of poisonings, accidental and intentional provings, and physiological effects obtained by investigations in the lower animals. Under Therapeutics are many comparisons of similar drugs, and reports of cases successfully treated. The last chapter is devoted to Surgery, with suggestions of remedies to aid in repair after operations.

**PATHOLOGY AND TREATMENT OF DISEASES OF THE SKIN.**

By Dr. Moriz Kaposi. Translated under supervision of James C. Johnston, M. D. New York: Wm. Wood & Co.

Notwithstanding the multitude of new books, treatises, hand-books, atlases, and charts appearing every year in the interest of dermatological study, no one can fail to be interested in this translation of M. Kaposi. As the pupil and successor of Hebra, he stands preëminent to-day as the advocate of what is most advanced and scientific in the German school at least of dermatological study.

After referring critically to the many classifications of skin diseases made since the time of Hebra, the author accepts the arrangement of the latter as, after all, the most serviceable at the present time in that, "in the present state of our knowledge, it seems to us to have the advantage of combining simplicity with exactness, in that it considers particularly the clinical impression of the skin changes which are presented to our notice." Accordingly the diseases are divided into twelve classes, which are treated of in forty-nine lectures.

The chapters on the various forms of seborrhœa and eczema are interesting from the fact that no mention is made of the seborrhœic eczema of Unna, a disease which, especially in the light of the recent researches of Drs. Elliot of New York, and Merrill of Pepperell, Mass., has become an established fact as an entity.

In the section on "Dermatoses Inflammatoræ," under the chapter on sycosis and pustular eruptions, he seems to deny the existence of impetigo as a distinct disease. On this point he says: "For us it is sufficient to remember that pustules (impetigo) and firmer purulent nodules (ecthyma) and furuncles occur wherever diffuse or circumscribed acute inflammation and exudation occur in the upper part of the corium and the papillary layer." All these eruptions he believes to be secondary to dirt, lice, scratching or what not, but to be by no means an independent disease. This does not tally, it seems to me, with other authorities equally eminent in their own countries as Kaposi in Austria, viz., H. Radcliffe Crocker in England and most if not all of our American authors.

The style of the work is clear and concise, the description of the development of diseases and their pathology being especially lucid. It is a work which should be found on the shelves of every physician who desires to be abreast of the times.

J. L. C.

DIET-LISTS AND SICK-ROOM DIETARY. Compiled by Jerome B. Thomas, A. B., M. D., Phila.: W. B. Saunders: 1895.

Much time, labor, and study is saved to the busy practitioner by the possession of this excellently useful little book. Here are diet-lists adapted to many pathological conditions; clearly printed, with blank spaces left for special, individual directions, should these be required; these lists are detachable from the neat cover into which they are bound, and can be left with the nurse for constant reference. At the end of the book are simple and accurate recipes for the preparation of the dishes named in the lists. The result is an immensely practical little book, for which the physician's pocket will scarcely be the heavier, and his work appreciably the lighter.

MODERN MATERIA MEDICA, WITH THERAPEUTIC NOTES. By Dr. Otto Roth. Revised by Dr. Gregor Schmitt. Seventh edition. Pp. 461. New York: William Wood & Company. 1895.

The following headings give clearly and briefly the scope of the book:—

1. The various remedial agents grouped according to their Physiological and Therapeutic actions.
2. Drugs and other remedies, alphabetically arranged, with remarks on their Physiological action, Therapeutic use, and dosage.
3. Remedies most commonly used for subcutaneous injection.
4. The most commonly employed remedies for inhalation.
5. Therapeutic Notes.
6. Table of maximum doses for an adult.
7. Dosage, for children, of various drugs.
8. Therapeutic index.

The remedies are not considered in the light of Homœopathy, but many useful hints are to be gleaned from every part of the book.

MEDICAL JURISPRUDENCE, FORENSIC MEDICINE AND TOXICOLOGY. By R. A. Witthaus, A. M., M. D., and Tracy C. Becker, A. B., LL. B., New York: Wm. Wood & Co. 751 pp. Vol. II.

Many points included in medical jurisprudence are treated of in this volume with much detail and lucidity. Blood-stains, Railway Injuries, Simulated Diseases, Determination of Sur-

vivorship, are among the subjects dealt with in full and authoritative essays, by the various contributors. To lawyers and physicians alike the work is of value as a ready and reliable consultant on questions with which lawyer and physician may at any time be called to deal.

IMMUNITY. PROTECTIVE INOCULATIONS IN INFECTIOUS DISEASES, AND SERUM-THERAPY. By George M. Sternberg, M. D., LL. D. New York: Wm. Wood & Co. 325 pp.

No progressive physician, whose aim in the practice of his profession is to help his patients rather than to exploit any single medical theory or fad, can afford to remain ignorant of the subjects so admirably treated by Dr. Sternberg in this highly interesting volume. We have here a summary, brief indeed, but clear and comprehensive, of what has been attempted and what has been achieved in the way of protective inoculation and of serum-therapy: chapters of exceeding value to the history of medicine, and of no slight worth to practical therapeutics. The author is eminently impartial and just: while believing that serum-therapy has accomplished much nobly worth accomplishing, he frankly and fully chronicles the instances wherein it has seemed to fail to meet the tests applied to it. Among the diseases in which protective inoculation or serum-therapy have been experimented with, with greater or less measure of success, and which are dealt with each in its own chapter, are anthrax, cholera, diphtheria, influenza, small-pox, tetanus, tuberculosis and a score of others. To familiarize one's self with these chapters, is to stand thoroughly abreast with medical knowledge on one of the most living interests of the medical day. An ample index facilitates quick reference.

A SYSTEM OF GENITO-URINARY DISEASES, SYPHILOLOGY AND DERMATOLOGY. Edited by Prince A. Morrow, A. M., M. D. Vol. III. New York: D. Appleton & Co. 976 pp.

This scholarly and encyclopedic work now stands complete in this its third volume. How difficult has been the work of editor and contributors to include in a single volume all that up to date is to be said on dermatology,—to which the book is entirely devoted,—can partly be guessed from the paragraph in the preface which states the astonishing fact that “no fewer than forty diseases are now recognized as distinct clinical entities, which a few years ago were unknown, or were identified with other dermatoses.” The work covers, however, with praiseworthy comprehensiveness, its large and important field. Among its contributors are Drs. Henry W. Blanc, John A. Fordyce, Frederic Leviser, Henry G. Piffard, and Joseph Zeisler. The volume is a worthy companion to its weighty and authoritative predecessors, and the work thus concluded stands without a superior in its chosen field.

**PERSONAL AND NEWS ITEMS.**

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DR. ELLA G. PEASE has opened an office at No. 601 Boylston St., Boston.

DR. L. P. RICE has removed from Dublin, N. H., to Manchester, N. H.

TO LET. — A very desirable suite of offices in Woodbury Building, 229 Berkeley Street, Boston.

DR. JOSEPH DUTRA, class of '95, B. U. S. of M., has located at 196 Lincoln Street, Worcester, Mass.

DR. ERNEST F. NORCROSS has removed from 1774 Washington St., to 515 Massachusetts Ave., Boston.

DR. W. E. BARNES has removed from 8 Dunmore St. to 429 Dudley St., Roxbury, near Blue Hill Avenue.

DR. ALVIN BOYCE has removed from Ludlow and has taken the practice of Dr. E. B. Whitaker at Richmond, Vt.

DR. SARAH A. JENNESS has removed from Shawmut Avenue to the Hotel Worcester, 741 Tremont St., Boston.

DR. ALFRED J. NIXON, class of '94, B. U. S. of M., has located at 108 Warren St., Roxbury. Office hours 2 to 3, 7 to 8 P. M.

FOR SALE. — A Harvard chair, secondhand, in prime condition. Apply to Otis Clapp & Son, 10 Park Square, Boston.

DR. IDA DUDLEY CLAPP has removed her office to No. 634 Dudley Street, Roxbury. Consultation hours from 10 to 12 A. M.

DR. SARAH A. COLBY and Dr. ESTHER W. TAYLOR have removed from Neponset Ave., Dorchester, to 226 Ferry St., Malden, Mass.

FOR SALE AT A DISCOUNT, a Hutchinson Faradic Battery, in perfect order. List price \$30. Apply to C. M., care Otis Clapp & Son, 10 Park Square, Boston.

DR. GEORGE RHOADS has removed from Winchendon to Springfield, Mass., and DR. L. W. ATKINSON, formerly of Conway, N. H., has taken his practice at Winchendon.

DR. HENRY E. PACKER has removed from Barre, Vermont, to Gardner, Mass., and DR. E. B. WHITAKER has removed to Richmond, Vermont, to take Dr. Packer's practice at Barre.

DR. A. L. KENNEDY has removed from Hotel Hamilton, Clarendon Street, to Hotel Empire, 333 Commonwealth Avenue. Office hours 8 to 10, 3 to 5, and Sundays from 5 to 6 P. M.

DR. WINFIELD SMITH, surgeon, has opened an office at No. 601 Boylston Street, Copley Square, Boston. Hours: mornings by appointment, and from 12 M. to 2 P. M., daily.

A YOUNG PHYSICIAN wishing to practise in a country place in Massachusetts would be obliged to anyone letting him know of a good location. Address "P. S." care of Otis Clapp & Son, 10 Park Square, Boston.

DR. ANNIE LOUISE FARRINGTON, class of '93 B. U. S. of M., has located at No. 17 Shepard St., North Cambridge, Mass. During the past two years Dr. Farrington has been resident physician at the Woman's Homœopathic Association, Philadelphia.

DR. HERBERT E. SMALL has removed his office to "The Pelham," corner of Boylston and Tremont Streets, and his residence to Jewell Park, off Park Street, Dorchester. Office hours from 12 to 2, except Sundays, and on Wednesdays and Saturdays from 6 to 8 P. M.

FOR SALE, a second-hand Yale Surgical Chair, late pattern, almost as good new; slightly rubbed and nickel plate a trifle rusted. Price \$55. Also one Eureka Chair, slightly shop-worn, to be sold at a discount. For sale by Otis Clapp & Son, 10 Park Square, Boston.

A LIVE, energetic physician, who is a college graduate (Ph. B.) and a graduate of Hahnemann Medical College of Philadelphia, with sixteen years' practical experience, desires to associate himself with a physician in Boston or New York with an established business. Am an all-round man, of genial disposition, and have made friends readily in the past; have done general practice in medicine and general and special work in surgery, including mill and railway work, and eye, ear, throat and nose work. Thirty-nine years of age and married. Address "Physician," care Mr. C. O. Goss, 108 Dearborn St., Chicago, Ill.

#### THE HAHNEMANN STATUE AND ITS FUND.

At the recent meeting of the Pennsylvania State Homœopathic Medical Society, Dr. Bushrod W. James, the treasurer of the fund in that state, reported that the total amount thus far subscribed to the general fund was over \$25,000, and that Pennsylvania had put down one-fifth of that amount and by the time the monument was finished the state would probably subscribe as much more.

He stated that Allegheny County was thus far the banner county not only of Pennsylvania, but of all states, as he had already \$1,200 reported to him in subscriptions with promises of more in a short time, while he understood that the county would make its quota \$2,000 before it ceased its efforts. All subscribers of less than ten dollars, it was hoped, would raise their subscription to that amount, as that is a very small amount for a physician of the new school of practice, even for a beginner or a medical student, to give towards this noble structure now under contract.

The statue matter was fast becoming popular in the profession, and every practitioner who was a genuine homœopath would no doubt take part and connect his name with this grand method of honoring the founder of our system of practice. Many are subscribing \$100 and all busy and successful doctors he thought would put down that amount and forward their checks sooner or later. Some of the states are a little backward yet but he felt that none would like to be left in the lurch or far in the rear when the consummation is realized, for its success is now quite well determined. Other state societies should forward the movement more vigorously and come up to the Pennsylvania standard.

#### APROPOS OF THE NORTHIROP METHOD OF ADMINISTERING CHLOROFORM.

27 CATHARINE STREET, LIVERPOOL, ENGLAND,

Oct. 26, 1895.

Dear Sir, Seeing your notice of the so-called Northrop method of administration of chloroform, I desire to call your attention to the fact that after a careful search for any method of the kind in use in the States, the American Patent Office granted me Letters Patent for the *principle* of administering Chloroform with Oxygen gas, together with the *mechanism regulating the supply* of same, *much or little at will*. In any future reference to this subject I shall therefore feel obliged if you will bear this fact in mind and credit me with the initiation of the method. I am dear sir,

Yours truly, T. G. H. NICHOLSON, M.R.C.S.

# THE NEW-ENGLAND MEDICAL GAZETTE.

No. 12.

DECEMBER, 1895.

VOL. XXX.

## COMMUNICATIONS.

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### LETTERS CONCERNING THEORIES.

BY C. WESSELHOEFT, M. D., BOSTON.

In a very interesting letter received from a physician residing in the West Indies, the writer advances a very ingenious theory regarding the curative action of drugs. He writes: "Next year is the centennial of the promulgation of the law of similars in medicine; how *apropos* then would it be for next year to be that of the elucidation of the law! . . . and should not we homœopaths be up and doing that the palm of victory may not be snatched from us at the last moment? . . . There ought to be no doubt in the minds of all homœopaths that the time has come for them to make every effort to bring homœopathy in line with recent science. As I have already said, advances in medical science, especially as regards treatment, point unmistakably to the fact that the truth of homœopathy will soon become a demonstrated fact."

The writer then proceeds to unfold his theory concerning disease and its cure as follows, having reference, most probably, to the serum-therapy of to-day: "From recent advances in science, it seems to me that the time has come for us to modify our views as to the nature of disease. This I now look upon as being really a disturbance of the dynamics of the body, which is in reality a mass of motions reacting and inter-reacting on each other. Disease is a disturbance of this mass of motions. A disturbance therein must, therefore, be of the nature of an inimical motion. Now this inimical motion once started must undoubtedly traverse through the whole mass of motion present in the body; just as by throwing a stone into a pool, the waves therein produced can only cease altogether when its sides are reached. All disease-producing agents must, therefore, be of the nature of a motion or wave, hence the action of all drugs or remedies must be of this nature. Remedial agents,

again, must act by means of one series of waves or motion, reacting on other series of waves in the body. Symptoms are produced by reason of inimical motion or waves, reacting on and disrupting the normal motion of the body. Such inimical waves continue, until the whole body is traversed; when this has occurred, the disease is exhausted and cure results—when death from the severity of the symptoms does not take place.”

Enough will be learned from this quotation to obtain an idea of the author's course of reasoning, and of his hope that his theory will assist in bringing about an understanding of the curative principles underlying “the recent advances in medical science.” See also *North American Journal of Homœopathy*, December, 1895, “Physics and Medicine,” by R. F. Licorish, M. D.

In the following reply, the argument is that although theories are very good if they form the basis of experimental work, it is the latter that is needed, and it is to such work, rather than to theories or hypotheses, that the modern advance in therapeutics will be due.

Boston, Mass., Dec., 1895.

*R. F. Licorish, M. D., Barbados, West Indies,—*

*Dear Sir:* I was very glad to receive your letter of the 25th of October, which reached me on November 30. This letter showed me that Hahnemann's work had found able and enthusiastic support in the most distant parts of the world. Your enthusiasm is well founded, and in it, and in a certain degree of faith, homœopathy has thus far found stronger support than in knowledge resting upon a firmer basis. This “law” has also led to a great deal of speculation and theorizing, of which, in younger days, I have done my share, and have often thought, like you, that I had solved the problem underlying homœopathy.

The theory which you explain is as good as any yet advanced concerning the “inimical waves, similar to the disease waves, etc.” But allow me to remind you that our best and most seductive theories have thus far failed to convince the majority of the medical world.

What I have been engaged in for years, and shall labor for, will be to demonstrate that the complete victory of homœopathy can be won only by the proof that this method actually cures more cases of disease than any other method. We believe this, but we have not proved it by sufficiently convincing proofs. Neither has any opposing school proved *its* superiority by any other means than unsupported assertions and vituperation. Hence the game is a drawn one. What I hope to convince you of as well as other homœopathic physicians, is that the means of furnishing such proofs as we need, can only be furnished by

hard inductive experimental work, by which it should ultimately be demonstrated that *men and animals, upon whom an artificial pathological process has been produced, can also be cured by an artificial pathological process, according to the formula of similars.*

While it is sufficiently well known through experience that drugs may produce morbid conditions, i. e., act as poisons, the amount of experience proving the curative power of drugs, amounts to little more than a tradition hardly deserving the name of deduction. It is, therefore, necessary that the *curative power* of drugs should be as positively demonstrated as their power to produce morbid conditions (pathological states). In order to accomplish this, truly inductive methods should be employed in the form of experimental research, in order to determine whether it is possible to arrest artificial disease by the use of medicine *before* its natural termination. (See "Methods of proving the efficacy of drugs upon animals." *Hah. Monthly*, June, 1887, p. 340.) When we have learned all we can concerning this principle, we hold in our hands the key to the relation of medicine to disease, concerning which we shall never know as much as has been hitherto believed.

Secondly, what we have hitherto considered as a "law of cure," is yet to be demonstrated by a greater amount of inductive experimental research, and its basis must be inductive knowledge, instead of that drawn from generalizing deductions, and very scanty support of statistical testimony.

Third, in order to know positively where the truth lies regarding the superiority of either method of practice (school), we should require the most ample statistical reports from our largest hospitals. We should then, by comparing—let me say results of five years obtained from thousands of cases in homœopathic hospitals with an equal number obtained from allopathic sources—arrive at much better means of estimating the value of the different "schools" than we have hitherto had.

In this way and in no other are those ends to be attained, and in this way alone will it become possible to bring about a better understanding between the members of the different schools.

Trusting that I have understood your proposition aright, and that I have clearly expressed my own, and that your frank and interesting letter will prove only to be the forerunner of others from you, I remain,

Very truly yours,

C. Wesselhoeft, M. D.

## THOUGHTS ON SERUM-THERAPY AND HOMŒOPATHY.

BY N. L. DAMON, M. D., DORCHESTER, MASS.

If, in the turmoil and excitement of bacteriological research, which the medical world has witnessed during the past decade, any thought of homœopathy has entered the minds of those engaged in these researches, it must have been accompanied by another thought, that with each succeeding demonstration of some part of the probable truth lying somewhere at the bottom of the germ-theory of disease, the so-called unscientific dogma expressed by the maxim *similia similibus curantur* was being buried deeper and deeper in the graveyard of false theories. I think a great many homœopathists, as well, have stood by and have not known what to think would be the ultimate destiny of their therapeutic law, should the germ-theory become regularly and indisputably established. No matter how satisfactory the clinical aspect might be (of homœopathy), it seemed difficult to reconcile it with such a theory; and no thought of ascribing germicidal powers to their remedies could ever be entertained by homœopathists in the face of the fact that the most powerful known germicides are inefficacious in the treatment of medical diseases, in the doses tolerated by the system at large. Should the germ-theory become so established, as seems not unlikely it will be, in the light of recent investigations, and the progress in surgery, it may become necessary for us to give a reasonable explanation of the *rationale* of our system from that point of view; for the people are always inclined towards dogmatism, and, moreover, for the first time in medical history, the veil will have been lifted from etiology and pathology, which will then be comprehensible to all. The only explanation I could furnish to myself was, that, since nature possessed germicidal weapons, as evidenced by the self-limited character of most diseases, more effective than any that could be introduced into the system without using doses incompatible with life; and since there were no practicable, effective germicides that could be used, it were better to refrain from drug-giving, and foster the powers of nature. In this negative way I thought our system might be recommended in preference to drug-giving, which would *not* exercise a proper germicidal influence, and *would* interfere with nature's germicidal action by disturbing the system. Now, however, in some of the recent developments of the serum-therapy movement, I am able to see a reasonable explanation of the soundness of our philosophy even from the point of view of bacteriology. Among the laity we frequently hear the remark: "Why, antitoxin, as I understand it, is an instance of 'like cures like.'" I could not so regard it then, nor do I

now; but regarding the serum of animals rendered immune by increasing doses of toxins as a product containing a variable quantity of nature's antitoxin (or germicide), elaborated and furnished by cell-action (leucocytes), and having the power to destroy the invading micro-organisms and their products, I am directed to what I consider a reasonable explanation of the action of homœopathic remedies, even from the standpoint of bacteriology. It is claimed that the leucocytes secrete an antitoxin, the character of which varies according to the character of the invading poison. Thus the toxins of the diphtheria bacillus beget diphtheria antitoxin, of the tetanus bacillus, tetanus antitoxin, and so on. Thus it would seem that there are either a great many varieties of leucocytes, each variety possessing the weapons necessary for the extermination of a particular variety of germs, or product of germs (toxins); or that a particular kind of irritant calls forth a particular kind of antitoxin, varying in character with the kind of work necessary to be done.

In the practical application of serum therapy, the serum of animals containing the antitoxin is injected either for therapeutic or prophylactic purposes, as the case may be; it being thought that it communicates its peculiar chemical or dynamic properties to the individual receiving it. Now, whether this be true or not, it is nevertheless a fact that the gradual introduction of the germs, or their toxins, has the effect to procure immunity for the animal experimented upon; and it seems to be further capable of proof, that the immunity-conferring product is present in the blood; and it seems quite reasonable to assume that this product is furnished by cell action. Taking the theory of phagocytosis (an action attributed to leucocytes), advanced by Metschnikoff, as a basis of thought, it is probably furnished by leucocytes. Whether this theory be true or not, it does not detract from the clinical advantages of homœopathic medication to assume that remedies selected according to the theory of *similia* have the power to stimulate the production of the specific kind of antitoxin required to combat the disease. It might be said, why does not the disease germ itself stimulate the secretion of the antitoxin in quantities sufficient to cure the disease? It does, but time is required, as shown in the case of the self-limited diseases, though in some cases death may occur before there is time enough for the purpose; moreover, the disease may lay hold of the organism in such a way that for a time this function is held in abeyance. And this is just where the homœopathic remedy comes in—the system is furnished with the power to combat the disease successfully, provided it has time enough, by virtue of the germicidal product furnished by the leucocytes, but, owing to the peculiar nature

of the action of the disease-producing germ, the function is held in abeyance, and it is brought into action by another irritant (the homœopathic remedy), possessing the property of exciting the production of the same kind of antitoxin that the disease would under other circumstances; and the production once commenced goes on under the influence of the irritation caused by the germs until they are destroyed and their poison neutralized. And it may also act in another way; it may stimulate the leucocyte-producing function, as it is a well-known fact that the leucocytes increase in numbers in most diseases, constituting the condition known as leucocytosis. The fact that each variety of pathogenic bacteria calls into being a specific antitoxin endowed with the power of neutralizing the effect of that particular germ, would seem to be a strong argument in favor of selecting another irritant capable of disturbing the system in the same way in order to call forth that particular kind of antitoxin to combat the disease. The size of the dose, instead of being an argument against such an action, would be in favor of it, for the whole process is dynamic in its nature, and such processes act independently of bulk, as we all know. We who practise homœopathy are perhaps inclined to think that it will outlive all other theories, but it is comforting to know that nothing has yet arisen or is likely to arise that will furnish any argument of a nature calculated to refute the claims of those who practise according to the formula *similia similibus curantur*.

\* \* \* \* \*

Since the above was written, experiments have been made with antitoxin serum and simple horse serum on animals, with a view of ascertaining, if possible, the pathogenetic effects of the same, and, in the words of one of the experimenters (Dr. Visseman of New York), the result was that "nearly everyone of the changes caused by antitoxin or blood serum, when injected into healthy animals, were also found in persons dying of diphtheria without antitoxin treatment." This would seem to show that horse serum is a homœopathic remedy pure and simple, when applied to the treatment of diphtheria. Moreover, in referring to the temporary reduction of the red blood corpuscles, now known to be the result of the action of horse serum on human beings, Dr. J. S. Billings, Jr., in counting the red blood corpuscles of over twenty cases of diphtheria treated by antitoxin, found less of a reduction than in the same number of control cases of diphtheria treated by other remedies. This makes good clinical corroboration, from the homœopathic point of view, of the pathogenetic action of the remedy. It would indeed be strange if from the opponents of homœopathy should come the explanation of the subtle remedial effects of our remedies.

## HARD ARTERIES.

BY J. W. DOWLING, M. D.

Adjunct Professor of Practice, New York Homœopathic Medical College.

[Read before the Worcester County Homœopathic Medical Society.]

It has been quaintly said, "A woman is as old as she looks, a man as old as he feels." A well-known medical authority has modified this to read, "A man is as old as his arteries." No pithy saying ever contained more truth in brief compass, and the more experience one gains in studying the origin and progress of pathological changes in the human body, the more one is willing to admit the wisdom of him who coined this phrase. The failure to rightly interpret the evidence presented by arterial changes, and, in fact, the neglect to interrogate their condition, deprives the physician of much valuable information, not only as to diagnosis, but as regards prognosis and treatment, particularly that part of the treatment aside from the selection of a remedy.

It is this general oversight which is my excuse for briefly presenting the subject and for calling attention to some of the causes and effects of arterial change, particularly atheroma and general arterio-capillary fibrosis. These two conditions, by far the most common pathological abnormalities of the arterial coats, are mentioned together because rarely do we find one without the other, and the causes of each are practically the same. You are no doubt familiar with the details of these morbid processes. In atheroma we find at the autopsy, visible to the eye, patches slightly elevated, of a dead white color, on the surface of the intima, the inner coat of the artery. These patches most commonly occur in the arch of the aorta and in the cerebral arteries, though they are also found elsewhere. Microscopically we find that the endothelial lining of the arterial tube is continued over the patch and beneath it there is a marked development of new connective tissue in place of the normal elastic tissue composing the healthy intima. These patches tend to undergo fatty degeneration and softening, resulting in atheromatous abscess, and also to become infiltrated with calcareous material, giving, in extreme cases, a structure almost bone-like in quality. The patches always tend to spread and coalesce, thus converting the artery from a distensible, elastic tube, into a comparatively dense, resistant, inelastic one.

In general arterio-capillary fibrosis we have a pronounced development of new connective tissue throughout the whole extent of the arteries with or without the atheromatous patches. This connective tissue development is always at the expense of the elastic tissue in the arterial walls, and as it develops and

spreads, the elasticity diminishes in a corresponding degree. The effects of these changes can be briefly summed up as follows, and are three-fold: (a) Interference with the muscular contractility of the vessels; (b) narrowing of their calibre; (c) loss of elasticity, and rigidity of the arterial wall.

Let us review the consequences of these changes. The loss of contractile power is of little moment in connection with the large vessels, but in the smaller ones it produces a marked change in the circulation. This contractile power is of the greatest importance in regulating the arterial current, and a diminution or absence of this control results in exposing the walls of the vessels, particularly those of the brain, which are relatively unsupported by surrounding structures, to the shock of sudden change in amount and force of the current within them, which is often the cause of their sudden rupture, since they are unable to withstand the strain.

The narrowing of the calibre of the vessels is also of little importance in the large arteries, but in the smaller ones it causes a considerable diminution in the capacity of the tube. As a consequence, the parts supplied with blood by the affected vessels receive much less than their normal supply, their nutrition is interfered with, and a physiological impairment of activity and usefulness is unavoidable. In the brain we see loss of power and a tendency to degenerative changes, but it is in connection with the heart itself—the mainspring of the body, as it were—that the effects are most important. The atheromatous patches are prone to develop at the root of the aorta and on the cusps of the aortic valves, and thence almost invariably tend to spread into the walls of the coronary arteries, the mouths of which lie immediately behind these valves. The heart receiving its blood supply during the diastole, and dependent for its proper circulation upon the elasticity of the arterial walls, exerted during their recoil after the systole, is affected to a considerable degree by even a very slight narrowing of the calibre of its nutrient vessels, and the greater the amount of this narrowing, the more marked the results, but almost in a geometrical ratio. The earliest evidence of this lack of nutrition will be the development of an angina, of varying degree, but always serious as a warning. A little later will come a decided inability of the poorly nourished heart muscle to do its usual work, and there will arise the distressing palpitation and rapid action on the slightest exertion, even the attempt to digest a hearty meal. Still later, because of lack of nutritive material, the muscle of the walls of the heart will begin to undergo a degenerative process of the fatty type. The result of this change is a lessening of the ability of the heart

to empty itself, and in its efforts to accomplish this, its walls will begin to yield, dilatation will ensue, and the heart weakness goes on to eventual absolute inability to propel the blood current, with death as the end of the scene. This termination may be hurried forward, or caused suddenly by any sudden strain to which the heart may be subjected, and which is so common in the life of the ordinary individual. The third effect of atheroma on the circulation, rigidity and weakness of the arteries, is almost as important, perhaps more so, than the other two. This weakness and rigidity—which means brittleness, because, as the elasticity of the wall of the artery is diminished, by just so much is its capacity to withstand internal strain lessened—is one of the chief causes of aneurism, not only in the aorta, the dangers of which are familiar to and recognizable by all, but also in the cerebral vessels where these little local dilatations are quite as important as those of the large vessels, almost microscopical though they be, not by their presence, however, but by the ever present danger of rupture with its serious or fatal consequences. The effect of this rigidity of the arteries on the heart itself is worth considering. They do not dilate in response to the systole, and in its endeavor to overcome this obstruction the heart is compelled to contract with greater force. This extra effort always results in an hypertrophy of the left ventricle. Bear in mind, however, that as a result of the inelasticity of the arteries we have a diminished supply of blood sent to the heart, and to overcome the rigidity the heart is doing extra work. This double cause results in more than double effect, and the degenerative processes are hurried along with a rapidity that is always astonishing to one who has not had his attention called to it. This lack of elasticity, by diminishing the recoil in the vessels, takes away a large factor in the maintenance of the flow of the blood current, and as a consequence, the circulation being slower and less forcible than normal, we have more or less stagnation in those parts most distant from the heart. Particularly is this true of the lower extremities, resulting in oedema, and of the brain, giving us various pathological changes and also many subjective symptoms, due to the uneven and impaired flow of blood.

Having thus briefly reviewed the history of these pathological conditions accompanying and resulting from these arterial changes, it will be of interest to describe those appearances and physical signs which enable us to discover these abnormal conditions as early as possible, that by a proper appreciation of their meaning we may so regulate the lives of our patients that we may postpone the inevitably fatal result. First, because most important of all, let me call your attention to the condition of the pulse and radial artery when presenting evidence that this

process has begun. It may seem elementary to speak of the pulse, but too often this portion of an examination consists merely of recording the number of beats and apparent force. I say apparent, because just here the point of diagnostic value appears. The pulse *seems* full, hard and strong, but in fact it is a mere seeming. It is not the pulse that is hard and strong, but the artery itself. Careful examination by the practised finger-tip enables us to see that the artery can be rolled under the finger, that it presents a hard, inelastic feel, and that it is apt to be a degree more tortuous than normal. Having mentally noted these facts, a very slight increase in pressure will then reveal the blood wave *beneath* this hard, unyielding envelope. We can easily disprove the notion that the pulse is full and strong by making gentle pressure with one finger and with another at a point slightly more distant from the heart. It will take but little pressure with the first to obliterate the pulse wave under the second. The same experiment tried on a healthy individual will demonstrate that a degree of pressure far in excess of this will be necessary to accomplish the same result, and in febrile conditions without the hard radials, where there is a real and not apparent hard and full artery, it is almost impossible to cut off with the finger the pulse wave. In this latter condition there is also the elastic heaving impulse from within the artery which is absent in the atheromatous vessel. In advanced stages of this process, where the atheromatous patches have coalesced and become calcified, the radial presents almost the stony hardness of a pipe stem. A bit of confirmatory evidence is obtained by observation of the temporal arteries. In the normal state these vessels are only moderately wavy, without any marked irregularity. In the early stages of atheroma and general fibrosis, we notice an increase in the wavy appearance, until, as the condition progresses, they become markedly tortuous and, though prominent, rarely show the pulse wave except to the touch. This sign, placed where all may see, is too often overlooked. It should always warrant a thorough examination and will rarely be found unaccompanied by the other changes already noted.

Still another early indication is the presence of numerous prominent and dilated capillary vessels on the nose and cheeks. Too often these are but an evidence of the wearer's fondness for alcoholic beverages without thought for the dangerous conditions of which they form a part, and which in these cases are due to the effects of alcohol. The same appearances are found oftentimes in those who do not use alcohol, and should be studied in both cases, as a part of a general process.

Another diagnostic sign of value frequently overlooked may be found upon examination of the cornea. Whenever

these atheromatous conditions exist, and have begun to take on a calcareous degeneration, there will be seen around the margin of the cornea, usually most marked at the upper border, a bluish-white opacity. This is caused by a calcareous infiltration in that locality. If, however, the atheromatous patches have shown a tendency to fatty degeneration, and if the heart itself, by reason of lack of nutrition, has undergone similar degeneration to any marked extent, the same opacity of the cornea, the *arcus senilis*, will be visible, but it will be of a dirty, yellowish appearance. It will be seen that considerable diagnostic value attaches to this physical indication and its two manifestations. Further confirmatory evidence will be found upon examination of the heart. Its apex will present a little below and to the left of the normal point. This may be only a slight departure, but can easily be made out by careful percussion, and indicates the hypertrophy of the left ventricle, which we have seen always accompanies these arterial changes. The sounds of the heart will have become ringing, and the valvular elements of the sounds will be unduly prominent, the muscular tone being diminished or absent, owing to the weakened condition of the muscle from faulty nutrition. These latter physical signs are also found in chronic interstitial nephritis, not because of the kidney condition but because the general development of connective tissue is not confined to the kidney, but involves the arterial walls as well, resulting in the same manifestations as in simple atheroma.

Among the subjective indications of this general arterial change there are three which stand out prominently, and which in the absence of valvular disease of the heart may be said to be the diagnostic keynotes of this condition. These in the usual order of occurrence and importance are angina pectoris, palpitation of the heart, and those attacks of dizziness and vertigo to which is given the name, pseudo-apoplexy.

The angina varies in degree from a few slight, darting griping pains in the præcordial region, to attacks of the greatest severity, and arises from the fact that the heart muscle is being poorly nourished and is unable to respond to the stimulus of exertion without remonstrance.

The palpitation, usually slight at first and growing worse, is due to the actual weakening of the heart muscle, with consequent degeneration and dilatation. At this stage percussion will usually reveal a general increase in the area of cardiac dulness.

The symptoms of pseudo-apoplexy are common—a sudden dizziness and vertigo, perhaps going on to actual brief unconsciousness, with occasionally some thickness of speech. These attacks usually come on after extra exertion or mental excite-

ment. They are easily distinguished from true apoplexy by their frequent recurrence, by the mildness of their manifestations and above all by the evanescent character of the symptoms, with their entire absence during the intervals between attacks. These seizures are always of grave import, and, while not alarming except to the patient, should serve to warn us of the true nature of the disease.

Having discovered the presence of these abnormal conditions, and knowing the causes which have produced them and the results to which they lead, their true value appears in the light they throw upon the advice to be given and the course of life to be laid out. We know that remedies do little to delay the progress of these changes, and we also know that the habits of the patient may be such as to hurry them along with great rapidity. It becomes our duty, then, to point out those things which should be done and those to be left undone, to insure the longest possible lease of life. The whole management of a case may be summed up in a few words, *moderation in all things*. The most important warning of all should be against any severe physical effort, either sudden exertion or prolonged, though more moderate strain. Exercise should be within the bounds of fatigue, and this because the weakened heart muscle does not as readily recover from the effects of exertion as in health, and if the effort is carried beyond the limit of moderate fatigue, the heart wall will tend to yield, and dilatation is always in danger of being materially aggravated. A further danger of exercise in any degree violent lies in the risk of rupture of the changed and altered arteries of the brain. The danger of this accident should be vividly impressed upon the patient. I find that patients are much more willing to give intelligent coöperation in the plan of treatment if a proper explanation of the results hoped for, has been given.

Moderation in food and drink should also be urged. A large majority of atheromatous subjects have been hearty eaters and moderate or free drinkers. This excess of nitrogenous food has for years kept the blood loaded with the products of faulty metamorphosis, which products have acted as direct irritants upon the walls of the vessels, and also upon the nervous system. The alcohol is also known to aid materially in producing the atheromatous and fibroid changes. Therefore, when these changes have begun to manifest their presence, to delay their progress it is necessary to stop the exciting causes, and this can be accomplished in great measure by a nutritious, but as far as possible a non-nitrogenous, diet and total abstinence from alcohol.

Until one has seen the benefits that follow this course of treatment it is hard to credit the good that can be secured. The

earlier the arterial changes are detected and this regimen adopted, the better will be the result, as regards delaying the disease processes. That these conditions can be detected early, even at twenty-five or thirty years in many cases, is a fact. That they can be readily overlooked is equally true. That they should not be overlooked, but carefully investigated, and appreciated at their true value, is my excuse for this brief synopsis.

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*PULSATILLA — A CRITICAL ANALYSIS OF ITS SYMPTOM-  
ATOLOGY BY THE "CHART METHOD."*

BY EDWARD D. FITCH, M. D.

[Read before Worcester County Homœopathic Medical Society at Worcester, Nov. 13, 1895.]

With the purpose of assisting, if only in a small degree, in the task of sifting out the wheat from the chaff of our materia medica, I present to you to-day an analysis of *pulsatilla*, with the hope that it may prove of interest to the society and of some slight service in helping to place our materia medica on a more scientific basis of pure drug pathogenesis.

For purposes of analysis I have made use of the symptoms recorded under *pulsatilla* in Allen's "*Encyclopedia of Pure Materia Medica*," a record of twenty-eight different provings. Of the first nine provings there is no statement as to the dose used. No. 10, Saur, is the effect of "emanations of evaporating juice." No. 11, Störck, observations chiefly on patients. No. 12, Lembke, tincture, 2 drops, first day; 5 drops, fifth day; 20 drops, ninth day; 30 drops, twelfth day; 40 drops, fourteenth and nineteenth days; 50 drops, twenty-second and twenty-ninth days; 60 drops, thirty-fourth day. Provings 13 to 22, inclusive, are with the higher dilutions from the 30th to the "16 m," Fincke. Thirteen to 21 were reported by Dr. Robinson; No. 22 by Berridge; No. 23, Davis, constant effect of third dilution; No. 24, Wenzel, doses of 10 drops of tincture three times a day for several days; 24 a, same, increased doses; 24 b, same, 20 drop doses thrice daily for a month; 24 c, same, a 40 drop dose; 24 d, same, continued for a week.

We shall probably all agree that a materia medica of the Homœopathic School to be reliable and authoritative must present as symptoms of a drug those only which are undoubtedly pathogenetic, and which have occurred in more than a single prover. In the analysis of the drug under consideration the effort has been to find out to what extent there is congruence and concordance of symptoms in the different provings, and present only such symptoms as appear in more than a single proving as probable pathogenetic effects of the drug.

At the outset I feel that provings 13 to 22, inclusive, are untrustworthy, having been made with dilutions from the 30th upward, but that it may not be said that anything is excluded on *a priori* grounds, they are included in the analysis.

The following table shows the number of provers recording symptoms under the different headings:—

Mind 9, Sensorium 6, Head 13, Eyes 10, Ears 6, Nose 6, Face 3, Mouth 11, Throat 5, Stomach 10, Abdomen 10, Rectum and Anus 6, Stool 6, Urinary Organs 5, Sexual Organs 7, Respiratory Organs 4, Chest 8, Heart and Pulse 3, Neck and Back 7, Extremities 1, Upper Extremities 6, Lower Extremities 9, Generalities 9, Skin 6, Sleep 6, Fever 11.

Sifting out the symptoms that are reported by only a single prover, and recording only those that appear in two or more provings we have the following result:—

*Mind.* Mental symptoms are recorded in 9 of the 28 provings, Nos. 1, 2, 5, 6, 13, 14, 16, 24 and 24 c.

Weeping mood, 1, 6, 13.

Low spirited, gloomy, melancholy, 5, 13.

Fretful, ill-humored, peevish, 1, 14, 16.

Moroseness, 1, 6.

*Sensorium.* Symptoms recorded by 6 provers, 1, 2, 3, 6, 12 and 15.

Vertigo, 1, 2, 3, 6, 12, 15.

Vertigo, as from intoxication, 1, 2, 6.

Vertigo, on walking, 1, 12.

Vertigo, while sitting, 1, 12.

Vertigo, associated with nausea, 1, 3.

*Head.* Thirteen provings record head symptoms, viz., Nos. 1, 2, 3, 5, 6, 7, 12, 13, 14, 15, 16, 19, and 24 c. *All* give a record of *headache*.

As to location:

Frontal, 1, 5, 12, 13, 16, 19, 24 c.

Temples or sides of head, 1, 2, 6, 12, 15.

Occiput, 3, 12, 13.

As to character:

Sticking or stitches, 1, 2, 9.

Pressive, 1, 5, 6, 12.

Tearing, 1, 2, 12.

Throbbing, 1, 3.

*Eyes.* Symptoms recorded under 10 provings, 1, 3, 5, 6, 10, 11, 12, 14, 15, and 24 d.

Dimness of vision, 1, 3, 10, 14, 15.

Weak vision, 6, 24 d.

Swelling and redness of lids, 1, 10.

Eyes fill with water, 1, 11.

- Ears.* Symptoms recorded by 6 provers, 1, 3, 4, 5, 12, 24 d.  
 Noises in ears, 1, 3, 4, 5, 12, 24 d.  
 Ringing, 1, 3, 24 d.  
 Roaring, 4, 5.  
 Sense of stoppage, 1, 5, 12.
- Nose.* Symptoms occur in 6 provings, 1, 3, 6, 11, 12, 16.  
 Tickling in nose, 1, 3.  
 Sneezing, 1, 3.  
 Bad smell, as from old catarrh, 1, 3.  
 Coryza, 1, 16.
- Face.* Symptoms recorded by 3 provers, 1, 12, and 14, but no congruence of symptoms.
- Mouth.* Symptoms reported by 11 provers, 1, 3, 5, 6, 11, 12, 14, 15, 16, 19, 22.  
 Bitter taste, 1, 3, 5, 6, 12, 19.  
 Foul, clammy taste, 14, 15, 16.  
 Slimy taste, 1, 12.  
 Sweetish taste, 1, 12.  
 Accumulation of saliva, 1, 3, 11, 12, 22.  
 Sore feeling of gums, 1, 14.
- Throat.* Five provers report symptoms, 1, 3, 12, 14, 17.  
 Difficult swallowing or sense of dysphagia, 1, 3, 17.  
 Constricted feeling about the throat, 1, 14.  
 Rawness or scraping of throat, 1, 12.
- Stomach.* Symptoms recorded under 10 provings, 1, 2, 5, 6, 11, 12, 13, 14, 15, and 16.  
 Nausea and qualmishness, 1, 11, 12, 14, 15.  
 Vomiting, 1, 6.  
 Eructations, 1, 2, 5, 12.  
 Eructations tasting of food, 1, 5.  
 Pain in stomach, 1, 6, 12.  
 Distension of stomach, 1, 13, 14.  
 Loss of appetite, 1, 15, 16.  
 Appetite, but doesn't know for what, 1, 6.  
 Disagreeable risings like waterbrash, 1, 14.
- Abdomen.* Symptoms recorded under 10 provings, 1, 2, 3, 11, 12, 13, 14, 16, 19, 20.  
 Pain in abdomen, 1, 11, 12, 19, 20.  
 Pain, cutting or sharp, 1, 11, 12, 19.  
 Rumbling in abdomen, 1, 2, 3, 12.  
 Distension, 1, 13, 14.  
 Feeling as if diarrhoea would occur, 1, 12, 16.
- Rectum and Anus.* Symptoms recorded by 6 provers, 1, 2, 4, 11, 19, 21.  
 Bleeding from anus, 1, 2, 4, 11.  
 Piles or feeling as of piles, 1, 19, 21.

*Stool.* Symptoms recorded by 6 provers, 1, 2, 3, 11, 18, 24 c.

Diarrhoea, 1, 2, 3, 11, 18.

Bloody stool, 1, 24 c.

Diarrhoea with colic, 1, 18.

Diarrhoea, painless, 2, 3.

*Urinary Organs.* Symptoms by 5 provers, 1, 3, 9, 11, 24 a.

Increased flow of urine, 1, 9, 11, 24 a.

Tenesmus or strangury, 1, 3, 11.

*Sexual Organs.* Symptoms by 7 provers, 1, 3, 5, 11, 12, 22, 23.

Nocturnal emissions with or without dreams, 1, 5, 22.

*Respiratory Organs.* Symptoms by 4 provers, 1, 3, 7, and 12.

Dyspnœa, 1, 3, 7.

Dry cough from tickling in larynx, 1, 12.

*Chest.* Symptoms by 8 provers, 1, 3, 5, 8, 12, 14, 20, 21.

Oppression of chest, 1, 3, 12.

Oppression of chest with cough, 1, 3.

Constriction across chest, 5, 14.

Stitching pains in chest, 1, 12.

Stitching pains in left side, 1, 12.

Soreness of chest, 1, 21.

*Heart and Pulse.* Symptoms by 3 provers, 1, 21, and 24 d, but no congruence.

*Neck and Back.* Symptoms by 7 provers, 1, 3, 12, 13, 14, 19, 20.

Pain between shoulder-blades, 1, 13, 14, which No. 1 describes as sticking.

*Extremities.* Symptoms reported by only 1 prover.

*Upper Extremities.* Symptoms by 6 provers, 1, 3, 11, 12, 14, and 17.

Pain in shoulder joints, 1, 12, and 14.

Stitching pain in arm, 1, 3, and 11. (This symptom in prover 11 is in a paralyzed arm and is therefore of somewhat doubtful value.)

Sprained sensation in arm, 1, 14.

Pain in arm, 1, 14.

*Lower Extremities.* Symptoms by 9 provers, 1, 6, 11, 12, 13, 14, 15, 16, 17.

Swelling of feet, 1, 6, 13, 14, 15.

Swelling of legs and feet, 13, 14.

Pains in legs, 1, 6, 11, 14, 16, 17. (Variously described as aching [14, 17] bruised [1, 16], stitching, burning, cutting, etc.)

Pains about ankles and feet, 1, 12.

*Generalities.* Symptoms from 9 provers, 1, 2, 4, 5, 6, 13, 15, 16, and 24 d.

Trembling all over, 1, 13,

Relief by lying on back, 1, 4.

*Skin.* Symptoms by 6 provers, 1, 3, 6, 11, 14, 24 b.

Pimples, 1, 3, 24 b.

Pimples on shoulders and back, 1, 24 b.

Itching, evening, in bed, 1, 6.

Red spots on body (hives?), 1, 14.

*Sleep.* Symptoms by 6 provers, 1, 3, 6, 14, 15, 22.

Sleepless in evening, unable to fall asleep, 1, 3, 6.

Restless sleep, 1, 3.

Confused dreams at night, 1, 14.

Amorous dreams, 1, 22.

Heavy for sleep, 1, 15.

*Fever.* Symptoms recorded by 11 provers, 1, 2, 3, 5, 6, 11, 12, 13, 15, 17, and 19.

Chilliness, 1, 2, 3, 5, 6, 12, 15. (Various grades of heat reported, from a sensation of warmth, to violent heat and fever.)

Sensation of heat, 1, 3, 5, 12.

Redness and burning heat in face, 2, 17.

Fever, 1, 3, 6, 13, 19.

Perspiration, 1, 2, 3, 6.

Night sweats, 1, 2, 11, 15.

Excluding the records of provers 13 to 22, which are the records of provings with the high dilutions, we have the following list as probable pathogenetic symptoms of *pulsatilla*, symptoms occurring in two or more provers.

*Mind.* Tendency to weep. Moroseness.

*Sensorium.* Vertigo. Vertigo as from intoxication; vertigo on walking; vertigo while sitting; vertigo with nausea.

*Head.* Headache. Forehead, temples or sides of head, occiput; stitching, pressive, tearing or throbbing in character.

*Eyes.* Dimness of vision; weak vision; swelling of lids; lachrymation.

*Ears.* Noises in ears; ringing or roaring in ears; sense of stoppage in ears.

*Nose.* Tickling, sneezing, bad smell, as of old catarrh.

*Mouth.* Bitter, slimy, or sweetish taste; accumulation of saliva; sore feeling of gums.

*Throat.* Difficult swallowing; rawness or scraping in throat.

*Stomach.* Nausea and qualmishness; vomiting; eructations; eructations tasting of food; pain in stomach; appetite, but doesn't know for what.

*Abdomen.* Pain in abdomen, sharp or cutting in character; rumbling; feeling as if diarrhoea would occur.

*Rectum and Anus.* Bleeding from anus.

*Stool.* Diarrhoea; painless diarrhoea; bloody stool.

*Urinary Organs.* Increased flow of urine; tenesmus or strangury.

*Sexual Organs.* Nocturnal emissions.

*Respiratory Organs.* Dyspnœa; dry cough from tickling in larynx.

*Chest.* Oppression of chest; oppression with cough; stitching pains (in chest or left side).

*Upper Extremities.* Pain in shoulder joints; stitching pain in arm.

*Lower Extremities.* Swelling of feet; pains in legs; pains about ankles and feet.

*Generalities.* Relief by lying on back.

*Skin.* Pimples; pimples on shoulders and back; itching, evening, in bed.

*Sleep.* Sleepless in evening; unable to fall asleep; restless sleep.

*Fever.* Chilliness; sensation of heat; fever; perspiration; night sweats.

The above symptoms furnish us with as good a picture of the action of pulsatilla as we are able to obtain from the recorded provings of the drug. We no doubt miss some of the symptoms which have been regarded as "characteristic" of the drug under consideration, but as they occurred only in proving No. 1, attributed to Hahnemann, and were without a duplicate in any other proving, they have been omitted.

In studying this analysis for the physiological or general action of pulsatilla, we find its most marked feature to be a catarrhal condition of the respiratory and alimentary tracts. Pulsatilla also exerts an influence upon the veins, especially of the rectum, causing them to lose their vital resistance and giving rise to a condition of venous engorgement, so that varicosis readily occurs. Upon the joints the action is evidently of a rheumatic or gouty nature, the character of the pains being mainly "sticking" or "stitching." In the eyes and ears we find a catarrhal condition manifested, similar to that in the respiratory and alimentary tracts. The febrile action is marked by predominant chilliness. A tendency towards evening aggravation shows itself in some of the symptoms.

In making an analysis of pulsatilla, or, unfortunately, of any of the drugs of our materia medica, one can hardly fail to be impressed with the large number of symptoms recorded, which are positively valueless from lack of congruence or concordance with the symptoms of other provers, and also the amount of credulity which has been manifested in individual observations, with absolutely no safeguards as to reliability, in the direction of counter or control tests, or congruence with the symptoms of other provers.

In the present state of science, and with the accurate scientific methods in vogue to-day, homœopathy can no longer maintain its claim as a science of therapeutics on such a founda-

tion as our present materia medica. We must demand that our materia medica be a record of absolute drug pathogenesis, and not have mingled with it personal idiosyncracies or the results of a too vivid imagination. To this end a critical analysis of all our provings is necessary, and more important still, a re-proving of our principal remedies, with all the safeguards as to accuracy which science can furnish.

It is to this latter task that I would especially urge the members of this society. It is not enough that we go through the world enjoying the fruits of other men's labor. We should strive to accomplish something ourselves which will prove of service to posterity. I would, therefore, urge upon this Society the advisability and necessity of doing something towards this work of re-proving, for it is mainly through our medical societies that this great work can and ought to be accomplished.

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**RAPID EATING.** — There is a prevalent idea that slow eating is very favorable to digestion, but this is largely fallacious. The important point is not that we eat slowly or fast, but that when we do eat we chew with energy. Of course, where the haste is due to some mental anxiety, this may injuriously inhibit the secretions. Slow eating begets a habit of simply mumbling the food without really masticating it, whilst the hurried eater is inclined to swallow his food before proper mastication. Hence, hurried eating is bad, but rapid mastication is advantageous. It concentrates our energies on the act in question, and hence more thoroughly accomplishes it. Moreover, energetic chewing stimulates the secretion of saliva in the most favorable manner. These various points are so commonly misunderstood, at least by the laity, that they demand our frequent attention. — *Journal of Mental and Nervous Disease*.

**QUACK MEDICINES.** — In an editorial article inspired by the death of a boy in consequence of taking a quack medicine under coercion by his parents, the *Brooklyn Daily Eagle* says: "The prohibitionists want us to devote some months of time in the public schools to a study of the effects of alcohol on the human system — a subject that can be mastered in ten seconds by the exhibition of a certain kind of New Yorker on Saturday night. Far better, if any such study is deemed necessary in a school course, to have the longest chapter in the text-book devoted to the silliness of self-dosing. The cures worked by patent nostrums are faith cures, and faith at two or three dollars a bottle is needlessly expensive. Better make it a bottle of something that has comfort in it, instead of mystery and pigweed and bitterness and ignorance and disgust." — *N. Y. Med. Journal*.

## DIFFERENTIAL DIAGNOSIS AND TREATMENT OF ULCERATIONS OF THE SKIN.

BY JOHN L. COFFIN, M. D., BOSTON.

[Read before the Hughes Medical Club.]

It is my purpose to present for your consideration to-night the more common forms of ulceration which occur upon the surface of the body, their differential diagnosis and treatment. An ulcer is always a secondary lesion, due either to a preceding inflammation or new growth which, according to Kaposi, "either carries in itself the conditions necessary to progressive molecular disintegration, or in which the typical processes of recovery are disturbed by certain local or general influences." The former class is exemplified in the ulcerations of lupus epithelioma, syphilis, leprosy, etc., the latter in ulceration due to dermatites of various kinds.

For convenience of illustrating these two differing types, I will first consider the two forms of ulcer most commonly met with on the leg, the simple *ulcus cruris* and the syphilitic. The first is generally due to a dermatitis consecutive to a varicose condition of the leg. Its development is brought about in the following way: As the result of the sluggish return of blood from the part, owing to the varicosis, we get a sensation of heaviness and aching. This is followed by more or less œdematous infiltration of the tissues; an eczematous condition of the skin ensues, with a dark, or bluish-red color, considerable thickening, some scaling and itching. As a result of scratching, or any traumatism, the skin becomes broken, exposing a red, easily bleeding surface beneath. Repair, as in a healthy wound, does not take place, but this at first only superficial abrasion, becomes larger and deeper, the edges become raised and thickened, the floor depressed, and we have an ulcer presenting the following characteristics: It is irregularly rounded in shape, situated usually on a diffuse, red, thickened, eczematous base, with a prominently raised border and sloping edge, its floor being irregular, shallow and easily bleeding. It is to be especially noticed that the thickening of the border is due to inflammatory œdema rather than round cell infiltration, so that firm pressure by the thumb or finger for a few moments will reduce that point to a level with the surrounding skin. The favorite location for this lesion is on the lower third and sides of the leg. In old cases there is a not inconsiderable thickening of all the tissues of the skin, with hypertrophy of the pars-papillaris, giving a decidedly elephantiasic appearance to the limb.

The syphilitic ulcer is always dependent upon the breaking down of a preceding solid lesion, either the tubercular syphilide

or the gumma, and varies in character according to the lesion which precedes. If tubercular, then, we have a small, nickel to quarter sized ulceration, upon a well-defined infiltrated base, with circular, hard, punched-out, firm border, resistant to the touch, a perpendicular or undermined edge, and grayish, pustular, lardy-looking floor; several of these ulcers may occur in close contiguity, or one ulcer may encroach upon another, giving a scalloped, serpiginous border, which heals often on one edge while advancing somewhat on the other as new tubercles in proximity break down. If dependent on a preceding gumma, the size varies from a quarter to a small orange, has the same infiltrated base, the extent of which varies as to the amount of the lesion which has broken down, but is always well defined, never diffuse. The border is rounded, or reniform, or horse-shoe in shape, hard and firm to the touch, the edge is deep, perpendicular or undermined, the floor deep, excavated, covered with slough, or greenish pus, or rupoid crust. It heals from the center outward or from one border, which accounts for its often peculiar shape. The favorite locations for syphilitic ulcerations are about the knee and the middle and upper thirds of the legs.

The differential diagnosis between these two kinds of ulceration may briefly then be tabulated thus:

#### ULCERATION DUE TO VARICOSIS.

Irregularly rounded in shape.  
Diffusely inflamed eczematous base.  
Raised border, oedematous in character, flattening under pressure.  
Sloping, shallow edge.  
Granular, bleeding floor.

Ulceration takes place from without inward.  
Heals from circumference towards center.  
Location on the lower third and sides of leg.

No preceding history of syphilitic disease.

#### SYPHILITIC.

Round, serpiginous or reniform.  
Firmly infiltrated well-defined base.  
Raised hard border due to round-celled infiltration. Does not flatten on pressure.  
Perpendicular, or undermined, deep edge.  
Purulent, uneven floor. Sometimes covered with thick crust.

Ulceration from within outward.  
Heals from center or one border.  
Location about the knee and upper two thirds of legs.

Sometimes preceding history of eruptions, sore throat, headaches, miscarriages, etc.

The treatment of ulcers belonging to the first of the above classes is tedious, and trying in the extreme to both patient and physician. Owing to the poor nutrition of the part due to the impeded circulation a growth of permanently healthy tissue is hardly to be expected. Much, however, may be done to afford relief, and in many cases a cure may be effected which, with proper subsequent care, may be permanent. The indications are above all rest, oftentimes in the recumbent position, support to the dilated and enfeebled vessels and cleanliness and stimulation to the ulcer itself.

The first it is not always, indeed I may say not often, possible to obtain. Only in severe cases is the patient willing to give up his daily avocation and go to bed. The second we accom-

plish by means of the bandage, and the third by the bath and various ointments. My own procedure, which has served me very well in many cases, is to wash the ulcer thoroughly in carbolized water or by spraying with a solution of hydrogen peroxide, drying with soft lint or gauze, applying unguent. hamamelis thickly spread on lint over the ulcer, and then bandaging firmly from toes to knee with a gauze or cotton bandage, and over this the rubber bandage, or, what I consider far better on account of its lightness and porosity, a bandage made of elastic webbing. This method of dressing I order done every morning before the patient gets out of bed and in severe cases after retiring at night. Internally I gave ham. 1 x unless derangement of the stomach and digestion indicate other remedies. Other local applications recommended are sol. caustic potash, iodoform, aristol, alumnol, gypsum bituminatum pulverisatum; etc.

Operative procedures are strapping with plaster, linear incision around the edge, operations for varicosis and skin grafting. Concerning the first three I know nothing; as regards the last I am told by operators that owing to the poor nutrition of the tissues, skin grafting has not given uniformly good results. In one or two extensive lesions, with profuse unhealthy granulations, I have seen good result from curetting and subsequent dressing as above indicated. Dr. Fox in the last issue of the *Journal Genito-Urinary Venereal Diseases*, advises what he calls the "garter bandage," which consists of a series of broad "garters" of elastic webbing accurately fitting the leg, so applied that each slightly overlaps the one below it. The advantage over the continuous elastic web is that any one may be removed to dress the sore without disturbing the others, and ease of application.

The syphilitic ulcer should be treated by internal administration of anti-syphilitic medication and locally by spray of peroxide and dusting with iodoform. The odor of the latter is so very objectionable to many that I have frequently substituted, with excellent results, a ten per cent ointment of iodicin, prepared by Messrs. Otis Clapp & Son.

Next to the legs, the face is the portion of the body most often affected with the ulcerative process. The various forms which most often confront us here are the syphilitic, lupus, epitheliomatous and the so-called rodent ulcer.

The syphilitic ulcer here as elsewhere is secondary to previous deposit, but occurs much more frequently after the nodular or tubercular than the gummatous syphilides. The character of the ulceration is much the same as elsewhere, may be single or multiple according to the number of preceding nodules, round or serpiginous, and may be upon an indurated

base, containing non-ulcerated nodules. The favorite location is about the nose, where the ulceration is apt to be rapid and deep. The other locations are forehead, cheeks and lips.

In order to better understand the lupus ulcer, we will refer to the primary deposit from which it results. The disease begins with the deposit in the skin of pin-head sized spots, either slightly depressed or slightly raised, of soft consistency and pinkish or light-red color—the so-called “apple-jelly” lupus nodule. After a time these coalesce into a raised reddish patch of pultaceous character, which breaks down, forming an ulcer. These ulcerations appear as rounded shallow excavations in the skin, with reddish soft borders; the floor is red, granular and easily bleeding; pus and crusts are present in only moderate extent. The ulcer extends in one direction, healing behind as it goes with the production of irregular, contracting, deforming scars. About the advancing border of the ulcer are generally to be found some of the characteristic nodules. It especially involves the soft tissues, and about the nose may cause destruction of the alæ and cartilage with great resulting deformity. The progress of the disease is generally very slow and often by periods of exacerbation. It as a rule begins in early life.

The epitheliomatous ulcer follows upon a preceding ill-defined scaly papule which may have existed months or years and which gradually breaks down in the center, forming an ulcer, which gradually extends in all directions as the ever advancing new growth surrounding it progresses. The characteristics of the ulcer are as follows: In shape it is rounded, oval or elongated, with uneven outline; the border is hard and infiltrated, of waxy look and cartilaginous feel. The edge is ragged and undermined, the floor uneven, and covered with small granulations which bleed easily. The discharge is slight, thin, serous and offensive. At first superficial, the ulceration finally involves the deeper structures, destroying everything in its course with infiltration of the neighboring glands.

The limits of this paper will not allow any discussion of the much-mooted question as to the identity of the above described with the so-called “rodent ulcer.” They are clinically sufficiently different to merit a separate description. The rodent ulcer succeeds a long-standing flat, smooth, fleshy, indented nodule. It is always situated upon the upper part of the face, above a line drawn from the alæ nasi to the lobe of the ear. The ulcer is round or oval, has a thick rolled border, neither crusted nor undermined, of yellowish color, firm consistency, often traversed by fine vessels, the floor is uneven and furrowed, having a scanty, odorless secretion. Its course is exceedingly

chronic, lasting many years, is not accompanied by lymphatic enlargement. Its favorite location is about the eye.

The differential diagnosis in tabular form of these various forms of ulceration is as follows:

SYPHILIS.	LUPUS.	EPITHELIOMA.	RODENT ULCER.
<i>Adults.</i>	<i>Children.</i>	<i>Old Age.</i>	<i>Old Age.</i>
Lesions have a deep brownish-red hue.	Lesions yellowish-red or pinkish hue.	No accompanying lesions.	No accompanying lesions.
Ulceration deep and extensive.	Ulceration usually superficial and limited.	Superficial or deep.	Ulceration deep.
Ulcers numerous small, circular, sharply cut edges.	Ulcers no regular form, nor sharp margins.	Single, irregular shape; undermined or everted edge.	Single, round or oval edge; neither undermined nor everted.
Borders hard and firm.	Borders soft.	Border hard, waxy-looking, surrounding infiltration.	Border rolled, yellowish-red or covered with small vessels.
Suppuration abundant.	Suppuration slight.	Discharge yellowish, thin, serous, and offensive.	Secretion scanty and odorless.
Crusts thick and greenish.	Crusts thin and dark.	No crusting except in beginning.	No crusting.
Scar soft and white.	Scar firm contracted and puckered.	No scar.	No scar.
Heals from center and spreads from periphery.	Heals from one border and extends on the other.	Does not heal.	Does not heal.
Painless.	Little or no pain.	Lancinating pain.	Not much pain.
Treatment medicinal.	Surgical.	Surgical.	Surgical.

REPORT OF TWO HUNDRED AND SIXTY-EIGHT CONSECUTIVE SURGICAL CASES IN THE RHODE ISLAND HOMŒOPATHIC HOSPITAL, ENDING OCT. 31, 1895.

BY WALDO H. STONE, M. D., PROVIDENCE, R. I.

*Mr. President and Members of the Rhode Island Homœopathic Medical Society:*

I do not offer this report with the intent in any way to advance any new surgical ideas, or to report any wonderful exploits in surgery, or to criticise the surgical proceedings of others, but to simply chronicle these consecutive cases as they came to me; what they were, what was done for them, and the results obtained. This report includes none but the hospital cases and those to which the hospital records relate; my domiciliary surgery coming into this report in no way, shape or manner.

We have a Homœopathic Hospital armed with as good a corps of physicians as can be found in the state, competent, earnest and ever progressive students, who are willing to show their results and compare notes at any time it may be of interest so to do.

To those who patronize the hospital a report certainly is due, and for my part, it is most cheerfully offered. It is in this spirit then that I offer you a report of my work as I have performed it since appointed to the Surgical Staff of the Rhode Island Homœopathic Hospital to the end of my recent service, October 31, 1895.

*A Word About Ether Giving.*—My method of giving ether is as follows: No solid food for twelve to eighteen hours previous to taking it; two or three hours immediately preceding its administration, the patient receives from one-half to one ounce of hot water flavored more or less strongly with whiskey or brandy as the taste of the patient may elect. The bowels are to be thoroughly evacuated with some gentle cathartic, or by enema given three or four hours previous to taking ether. A thorough bath is to be given the night before and perfectly clean garments placed upon the patient. The parts to receive surgical attention are made as aseptic as possible. The patient is kept perfectly quiet and as happy as possible until the hour for operation. At the last moment, the patient receives from one to three teaspoonfuls of whiskey or brandy in a little hot water, and pleasantly and quietly lies down, with a small or low pillow only under the head, while the doctor who is to administer the ether continues the process of anæsthesia by the use of "Packard's inhaler," and "Squibb's sulphuric ether." I am strongly opposed to the forcing of anæsthesia in any way, shape or manner. To obtain the best results, the patient must be brought to the point of complete anæsthesia slowly, quietly and happily, without the least anxiety or fear. Could I carry this idea still further I would have some light, cheery instrumental music accompany the ether giving. Joy, confidence and hope give strength; suspicion, anxiety and fear weaken the vital forces. With this method I am sure we use less ether, and are having less and less distress as a result of the ether.

Our operating room is far from an ideal one in many ways, but we have earnestly tried to make everything as aseptic as possible. We are in favor of a high temperature, 80° to 86° F. for any severe operation. Good light, good air, a high degree of temperature and perfect cleanliness in every particular; these then are our cardinal points of the operating room. With the new surgical ward, which is soon to be ready, we feel quite sure of being equipped more exactly to our taste, and hope to be able to show better results in some ways. The rapid, uneventful manner in which these cases have recovered causes one to feel grateful in a degree to our matron and efficient corps of nurses. I have taken particular pains to see or hear from all of these patients since leaving the hospital, and with two exceptions, so far as I know, they are all so well satisfied

with the care and attention shown them while at the hospital, that, should they be sick again and require hospital care, they would feel pleased to be allowed to return, and in many cases I know they have spoken in the highest terms of our hospital.

In passing it is but fair to commend the earnest, faithful attention rendered by the corps of assistants. It should not be forgotten that these assistants live several miles from the hospital, and it is no little effort on their part to devote the time necessary for operations. I hope the time is not far distant when we may have a resident physician, thus lessening the requirements of the assistants.

We have been troubled with imperfect catgut, mainly due to the method of preparing it, but after some extra effort on the part of those who sterilize it, I am convinced that it can be made a most satisfactory ligature for most surgical cases, and sufficient for abdominal work.

My fondness for the "flap-splitting operation" for lacerated perineum (Mundé) led me to use it in all these cases. For the various operations having for their object the repair of complete or incomplete tears of the perineum, Emmett's is the most popular in this country, although it seems to me more difficult and unsatisfactory in its results than the "flap-splitting method."

Of the cases of fibroid tumors of the uterus, one was very interesting; there were six subserous pedunculated fibroids, the largest the size of a cocoanut, and the smallest the size of an English walnut, and two distinct interstitial fibroids. The six subserous tumors were removed, together with the ovaries, and the uterus was curetted. The patient made a prompt recovery, and left the hospital in less than three weeks. I have seen her on the street nearly every week, and I am sure she is, or at least seems to be, perfectly well.

One patient with fibroid submitted to vaginal hysterectomy; uneventful convalescence. The remaining fibroids, which were undoubtedly of interstitial or of the submucous variety, would not consent to hysterectomy, therefore they were thoroughly and carefully curetted and allowed to return home. All but one of them, so far as I know, have seemed as well as the two who had the offending members removed. Similar experiences in private practice have caused me to feel just a little uncertain as to when and under what circumstances it may be best to perform the major operation.

*Dressings.*—In this series of cases I have used the wet dressings for everything. Aseptic wounds have been kept moist with either bichloride solution, one to 4,000, one per cent solution of salt and water, or plain boiled water. Septic cases have all been dressed with boiled water, or salt and water, Bovine or poultice, as the case might demand. Certainly

there is no dressing which will kindle the elements of recuperation in septic wounds as quickly as Bovinine, and I have the belief that if wet dressings could be made and kept as perfectly aseptic as dry dressings they would be more generally used. The aseptic wet dressing is at least more comfortable to the patient. I have used the wet dressing in these cases exclusive of all others, in order that I might better understand the merits of the two dressings, and while I do not make a positive assertion that they are the best, it seems to me a question well worth considering.

I have used the "slit operation" in most of the hemorrhoidal cases. To my mind it seems far superior to the other methods. The Whitehead or American operation was performed five times, with, so far as I know, perfect results. When I say perfect results, I mean they were well when retiring from my hands. I am sure that a person may have some trouble after an American operation just as they not infrequently do after any surgical operation, and in all, or most all, such cases it is the outgrowth of wilful disobedience on the part of the patient, rather than the fault of the surgeon. Where the patients have done as I asked, and as they promised in the beginning, the results of surgical work have been as a rule very satisfactory. Where they have not, I have had, as may be expected, more or less trouble. Surgery for the rectum is no more positive a science than surgery elsewhere, and no more wonderful results may be expected.

The American operation was performed on three epileptic cases, with the hope of getting more than merely a local effect. One has had no return of epileptic attacks; the other two have had attacks less frequently. Fractures of the hip all made uneventful and satisfactory recoveries with one exception. All cases requiring plaster of Paris casts, have had them applied by the aid of Bradford's "Plaster of Paris Hammock," as advocated by Dr. Earl, which is surely very ingenious for applying that kind of dressing.

Of the cases which resulted fatally it is but fair to say that one was an old lady (86 years old) with a fractured femur; another was a child with pachymeningitis, on which circumcision was performed with the hope of possibly relieving the brain symptoms; the third was a case of appendicitis occurring in a pregnant woman. The fourth was that of an old lady (70 years old) who died in the second week after an operation for lacerated perineum.

DIAGNOSIS.	OPERATION.	No. of Cases.	No. of Operations.	Cured.	Improved.	Not Improved.	Died.	Remaining in Hospital.
<b>ABSCESS.</b>								
Carbuncle . . . . .	Opened . . . . .	1	1	1				
Glandular . . . . .	Opened and curetted . . . . .	1	1	1				
Inguinal . . . . .	Opened and curetted . . . . .	1	1	1				
Of hand . . . . .	Opened and curetted . . . . .	1	2	1				
Ovarian . . . . .	Opened and drained . . . . .	2	2	2				
Pelvic . . . . .	Opened and drained . . . . .	1	1	1				
<b>ABDOMINAL SECTIONS:</b>								
Abscess of the gall bladder . . . . .	Cholecystotomy . . . . .	1	2		1			
Appendicitis and Septic Peritonitis . . . . .	Opened and drained . . . . .	1	1				1	
Cystic degeneration of the ovary . . . . .	Extirpation . . . . .	2	2	2				
Fibroid uteri . . . . .	Extirpation of the ovaries . . . . .	1	1	1				
Ovarian cyst . . . . .	Extirpation . . . . .	3	3	3				
Appendicitis, acute . . . . .	No operation . . . . .	4		4				
Confinements . . . . .	Normal . . . . .	5						
Confinements . . . . .	Repaired Perineum . . . . .	2	2	2				
Confinements . . . . .	Forceps . . . . .	2						
Concussion of brain . . . . .	No operation . . . . .	2		2				
Concussion of brain . . . . .	Transferred to medical side . . . . .	1						
Crushed fingers . . . . .	Amputation of middle, ring, and little finger . . . . .	1	1	1				
Crushed hand . . . . .	Amputation of index finger and thumb . . . . .	1	1	1				
Crushed hand . . . . .	Amputation of lower third or forearm . . . . .	1	1	1				
Cystitis . . . . .	Washed out bladder; transferred to medical side . . . . .	1	1					1
<b>DISEASES OF WOMEN:</b>								
Carcinoma uteri . . . . .	Curetted . . . . .	1	1		1			
Cervical stenosis . . . . .	Dilatation . . . . .	1	1	1				
Cervical stenosis . . . . .	Dilated and curetted . . . . .	1	1	1				
Cervical stenosis with rectal pockets and papillae . . . . .	{ Dilated, divided, and removed . . . . .	1	3	1				
Endometritis . . . . .	Curetted . . . . .	14	14	12	2			
Endometritis and lacerated cervix . . . . .	Curetted; trachelorrhaphy . . . . .	2	4	2				
Endometritis; adherent hood of clitoris . . . . .	Curetted; removed . . . . .	4	8	3	1			
Endometritis; hemorrhoids . . . . .	Curetted; radical operation . . . . .	1	2	1				
Endometritis with cystic degeneration of cervix . . . . .	{ Curetted; amputation of cervix . . . . .	3	6	3				
Endometritis and lacerated cervix; hemorrhoids and torn perineum . . . . .	{ Curetted; trachelorrhaphy; perineorrhaphy; radical operation . . . . .	3	12	3				
Endometritis; lac. cervix; torn perineum; hemorrhoids . . . . .	Curetted; amputation of cervix; perineorrhaphy; radical operation . . . . .	1	4	1				
Endometritis; lac. cervix; torn perineum . . . . .	Curetted; trachelorrhaphy; perineorrhaphy . . . . .	9	27	7	2			
Fibroid uteri . . . . .	No operation . . . . .	2						2
Fibroid uteri . . . . .	Curetted . . . . .	7	7		6	1		
Fibroid uteri . . . . .	Vaginal hysterectomy . . . . .	1	1	1				
Lacerated cervix . . . . .	Trachelorrhaphy . . . . .	36	36	36				
Lac. cervix; torn perineum; hemorrhoids . . . . .	Trachelorrhaphy; perineorrhaphy; radical operation . . . . .	4	12	4				
Lac. cervix; torn perineum; rectal pockets and hemorrhoids . . . . .	Trachelorrhaphy; perineorrhaphy; radical operation . . . . .	4	16	4				
Lac. cervix and hemorrhoids . . . . .	Trachelorrhaphy; radical operation . . . . .	1	2	1				
Rupt. perineum; rectal pockets . . . . .	Perineorrhaphy; divided . . . . .	1	2	1				
Rupt. perineum . . . . .	Perineorrhaphy . . . . .	14	14	13			1	
Salpingitis . . . . .	Curetted; dilated cervix . . . . .	1	1		1			
Metrorrhagia . . . . .	Curetted . . . . .	7	7	7				
Mymphomania . . . . .	Removed hood of clitoris . . . . .	1	1	1				
Retro-version uteri . . . . .	No operation . . . . .	1			1			

DIAGNOSIS.	OPERATION.	No. of Cases.	No. of Operations.	Cured.	Improved.	Not Improved.	Died.	Remaining in Hospital.
Dislocation of the shoulder . . .	Reduced . . . . .	2	2	2				
Empyema . . . . .	Opened and drained . . .	1	2		1			
Epilepsy . . . . .	Amer. operation . . . . .	3	3	1	2			
Epilepsy . . . . .	Rectal pockets divided: hood of clitoris re- moved; curetting uterus; dilated urethra . . . . .	2	8		2			
Fissure in ano . . . . .	Radical operation . . . . .	1	1		1			
Fissure in ano with rectal pock- ets and hemorrhoids . . . . .	Dilated and cut; divided; radical operation . . . . .	2	6		2			
Fistula in ano with hemorrhoids	American operation . . . . .	4	4	4				
Fracture of the clavicle . . . . .	Fixation by splint . . . . .	1	1	1				
Fracture of the fibula . . . . .	Fixation by splint . . . . .	1	1	1				
Fracture of the femur . . . . .	Fixation by splint . . . . .	2	2	2				
Fracture of the neck of femur intra-capsular . . . . .	Plaster cast . . . . .	1	1				I	
Fracture of the femur extra caps.	Plaster cast . . . . .	1	1	1				
Fracture of the humerus . . . . .	Plaster cast . . . . .	1	1	1				
Fracture of the inferior maxilla .	Fixation by splint . . . . .	2	2	1				*
Fracture of the ribs . . . . .	Fixation by splint . . . . .	1	1	1				
Gunpowder wound of the face . .	Powder removed . . . . .	1	1	1				
Hemorrhoids . . . . .	No operation . . . . .	2			1			
Hemorrhoids . . . . .	Amer. operation . . . . .	7	7	6	1			
Hemorrhoids . . . . .	Radical operation . . . . .	19	19	19				
Myelitis . . . . .	No operation . . . . .	2		1		I		
Necrosis of tarsus . . . . .	Opened and curetting . . .	1	1	1				
Necrosis of thumb . . . . .	Opened and curetting . . .	1	1					I
Necrosis of tibia . . . . .	Opened and curetting . . .	2	2	2				
No diagnosis . . . . .	No operation . . . . .	4			2	I		I
No diagnosis . . . . .	Transferred to medical side . . . . .	1						
Paralysis of bladder . . . . .	Dilated urethra and washed out bladder . . .	1	2	1				
Paralysis motor; hysterical . . .	No operation . . . . .	1		1				
Pelvic Cellulitis . . . . .	No operation . . . . .	2		1	I			
Phimosis . . . . .	Circumcision . . . . .	9	9	8			I	
Septic wound of finger . . . . .	Opened and curetting . . .	1	1	1				
Septic wound of hand . . . . .	Opened and curetting . . .	1	2	1				
Sprain of ankle . . . . .	No operation . . . . .	1		1				
Stricture of the Urethra . . . . .	Dilatation . . . . .	5	5	2	2	I		
Stricture of the Urethra; hem- orrhoids . . . . .	Dilated; radical operation Divided . . . . .	5	10	5				
Rectal pockets . . . . .	No operation . . . . .	1		1				
Synovitis . . . . .	No operation . . . . .	1			I			
Tri-facial neuralgia . . . . .	Amputation of lower third of femur . . . . .	1	1	1				
TUMORS:								
Carcinoma mammae . . . . .	Extirpation . . . . .	9	9	6	I	2		
Carcinoma mammae . . . . .	No operation . . . . .	1						I
Carcinoma of eye . . . . .	No operation . . . . .	1						I
Tumor of the rectum . . . . .	Removed . . . . .	1	1	1				
Ulcers of the Sigmoid flexure . .	No operation . . . . .	2		1	I			
Ulcers of the rectum and hemorrhoids . . . . .	Amer. operation . . . . .	1	2		I			
Ulcer varicose . . . . .	Curetting . . . . .	2	2	2				
Urethra hemorrhage . . . . .	Left hospital . . . . .	1						

Total No. of cases . . . . .	268
" " of operations . . . . .	316
" " cured . . . . .	206
" " improved . . . . .	34
" " not improved . . . . .	6
" " died . . . . .	4
" " remaining . . . . .	7
" " run away . . . . .	2
" " confinements . . . . .	7
" " transferred to medical side . . . . .	2

268

Percentage of deaths to number of operations, 1.26 per cent.

\* Ran off with splint on second day.

*THE "AMERICAN OPERATION" FOR HEMORRHOIDS—A CASE IN POINT.*

BY HENRY EDWIN SPALDING, M. D., BOSTON.

My attention has recently been called to the report of surgical operations in the Massachusetts Homœopathic Hospital for the quarter ending April 1, as published by Dr. Emerson in the June number of the *Gazette*. In this report the fact that I operated upon a patient according to Pratt's method, before the students, is used in such a manner, in introducing remarks condemnatory of the operation, as to give the impression that in this special case the results were most unsatisfactory, and of lasting injury to the patient. I am sure that Dr. Emerson could not have intended to convey so erroneous an idea, for he knew that the patient's recovery at the hospital was absolutely complete and without hindrance. Moreover, I had informed him, before this report was published, of her continued well-doing after leaving the hospital, and that the benefits derived from the operation had proved to be far greater than had been promised or expected.

The case was simply this: Mrs. A. J. H., aged about fifty-four. Before the birth of a child, some twenty years ago, she had "piles and falling of the bowel" so severely as to confine her to the bed and necessitate the use of "poultices." She has never been well since. There has been constant protrusion of a hemorrhoidal mass completely encircling the anus, which is greatly augmented in size while at stool. During these years she has never had a normal evacuation of the bowels. Besides the local discomfort she has had the usual reflex sufferings in the back, head and legs. She has had asthma from early childhood, it being an inheritance from at least two generations. She entered the hospital and was operated upon March 16.

Before operating I gave a brief history of the case, and remarked incidentally that the "American operation" was recommended for the cure of asthma, and that here was a severe case, established by a backing of at least two generations; that while we would be glad to cure her asthma with the same operation that was to cure the rectal trouble, I did not promise or expect to cure original sin or inherited asthma with the "American operation."

The case was a typical one demanding this operation. Before dilatation there was not one, two, three or four tumors, but the entire anus was surrounded by a protruding mass, and after dilatation there rolled out other large hemorrhoidal tumors. The operation was performed in the usual way and without incident. The asthma proved very annoying, and I feared that the straining cough and so much sitting up would

interfere with the process of healing. That they did not the following hospital records show:

"Operation March 16.

"March 28. Rectum looking very well. Well healed. May sit up.

"April 9. Discharged cured."

After her return home she wrote thanking me for what had been done for her. She said that her bowels were moving naturally and regularly; that her general health was better than it had been for years before, including the asthma.

The last of May she drove some eight miles to see me at my summer home. It was a cloudy, chilly evening. She had lost much of the old look of discomfort from her face, and in all respects was a healthier and happier woman. To my inquiries concerning her asthma, she called my attention to the fact that her breathing was scarcely disturbed at all, and said that she could not remember a time for years past when she could expose herself in such weather as that without being so pressed for breath as to be scarcely able to speak.

A late report from her tells me that, on account of sickness in the family, she has been working very hard, having to perform the duties of nurse, night and day, in addition to those of the household. A year ago this would have been impossible. Her bowels are perfectly regular. No stricture; no incontinence; no anything, but thanks and blessings for the benefits of the "American operation." I do not relate this as an unusual case, but it is the case in point, and many another equally instructive might be related.

As regards the "American" or the "Whitehead" operation, which are essentially the same in result—the removal of the entire hemorrhoidal inch—I was its bitter opponent until forced to recognize its merits by extended experience in the use of all other recognized methods, which in these special cases give at best partial failures, and observing the same unsatisfactory results in the work of others. The cases requiring this radical operation are not numerous, but where it is indicated, as in the case noted, no other operation can take its place, and I know of no operation in surgery capable of yielding more satisfactory results. It is a cardinal principle in surgery that when there is a mass of diseased tissue, all shall be removed, not a portion here and a portion there, leaving unhealthy, abnormal tissue between.

Once on a time a patient came to my hands from a hospital where she had spent four weeks in having a benign tumor removed from her anus. Instead of taking with the tumor an elliptic-lanceolate section of integument sufficiently large to leave just enough to nicely cover the wound, the surgeon had

left great flabby flaps, which had not healed together at all. The tumor cavity was still suppurating. At the lower end of the wound there was a pouch that acted as a receptacle for a full ounce of the pus that was secreted each day. When dressing the wound the surgeon remarked that the redundancy of the integument would shrink up without any trouble. The six weeks that I spent in trying to bring about healing, without a second operation and thus arousing censure of the surgeon and criticism of the hospital, firmly convinced me that it was a specimen of very poor surgery, and I have never changed my mind about it.

In these cases of rectal disease a like condition prevails. As a covering to the hemorrhoidal tumors there has developed a redundancy of mucous and integumentary tissue, which demands removal with the hemorrhoidal tissues beneath. When the entire circumference is diseased, to remove a section here and there, and perhaps undermine the intervening covering tissue, is contrary to the elementary principles of good surgery. Supposing the wound does not heal promptly, a good, spacious pocket is provided for the reception of foreign matters and the accumulation of pus, to finally result in ulcer, abscess or fistula. Let the healing be the best and there will remain tabs and unevenness of surface, which will be a constant source of irritation and discomfort. To attempt to remove the entire circumference of the anus with the cautery is wholly impracticable, to say nothing of the likelihood of a resulting stricture, which is patent when we recall the proneness of cicatrices from burns for contracting. Allingham's method of dividing into sections and cutting up through the base of each, so as to pediculate it, and applying a ligature, offers better results than the last two. But here there is a raw surface to be healed by granulation, which may be slow, and is much more liable to result in stricture than if covered by suturing the mucous membrane and integument together, as in the "American" or "Whitehead" operation.

It is said that bad results have attended some of these cases. Doubtless! That is true of all operations in surgery. Within a year I have seen a woman who has had two laparotomies, losing both ovaries, and yet claims to have got no benefit, but rather added sufferings. Another, who two years ago had her lacerated cervix repaired, received no benefit but pains unfelt before. Are we, then, to say that no more ovaries shall be removed and no more cervices shall be repaired? These bad results may have been from some accidental interference with the normal process of healing, some peculiar idiosyncrasy of the patient's, or from poor work on the part of the surgeon.

There is no method of operating upon hemorrhoids but has sometimes been followed by unsatisfactory results, and there is no one method that applies to all cases. I seldom decide what operation I shall use until my patient is anæsthetized and the sphincter dilated. In a somewhat broad observation as a specialist, I have seen poor results from all methods, but no more from the "American" than from others. These bad results, I believe, are often the fault of the surgeon in trying to apply his favorite operation to all cases irrespective of character. I believe in the removal of the hemorrhoidal inch only when that entire extent of tissue is diseased, and for no other reason. The only "philosophy" I recognize in rectal surgery, is the "philosophy" that attends correct surgical principles as applied to every part of the organism. The fundamental principles of good surgery apply not to one or a few organs of the body only, but to all, the rectum included.

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LATE SUPPERS. — The old tradition that to eat anything just before going to bed was sure to produce indigestion and render sleep impossible, is now happily exploded. It is not good, as a matter of fact, to go to bed with the stomach so loaded that the undigested food will render one restless, but something of a light, palatable nature in the stomach is one of the best aids to quietude and rest in bed. The process of digestion goes on in sleep with as much regularity as when one is taking violent exercise to aid it, and so something in the stomach is a very desirable condition for the night's rest. Some physicians have declared, indeed, that a good deal of the prevalent insomnia is the result of an unconscious craving of the stomach for food in persons who have been unduly frightened by the opinion that they must not eat before going to bed, or who have, like many nervous women, been keeping themselves in a state of semi-starvation.

Nothing is more agreeable on retiring for the night than to take a bowl of hot broth, like oatmeal gruel or clam soup. It is a positive aid to nervous people, and induces peaceful slumbers.

This is especially the case on cold winter nights, when the stomach craves warmth as much as any other part of the body. Even a glass of hot milk is grateful to the palate on such occasions, but a light well-cooked gruel is better, and in our climate, during the cold months of winter, should be the retiring food of every woman who feels, as many do, the need of food at night. — *Dietetic and Hygienic Gazette.*

"YOU say you don't know what's the matter with the man," said the young college graduate, "and I'm sure I don't. What'll we do?"

"Do?" said the fashionable physician, firmly; "why, we'll operate on him for appendicitis, of course."— *Reflector.*

**EDITORIAL.**

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers, Otis Clapp & Son, Boston, Mass.

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*DIPHTHERIA ANTITOXIN AND HOMŒOPATHY.*

SERUM-THERAPY is the one topic which above all others is attracting the attention of all branches of the medical profession to-day, and in so far as medical matters are concerned there is no subject on which the laity seems to have more decided views. Very few medical periodicals are issued without including a paper or "discussion" on the absorbing theme, or a report of some investigations in this new field of research, or some statistical record of therapeutic results. Even the daily press frequently contains comments on the subject, paragraphs stating the discovery of some new toxin or antitoxin, or descriptions of laboratory experiments. Opinions condemnatory or laudatory are frequently expressed in medical society meetings, and discussions, carried on sometimes with unusual warmth of feeling, are not uncommon.

Diphtheria antitoxin, on account of the dreaded disease it is said to counteract, is the variety of "animal serum" that has chiefly engrossed the attention of laity and profession during the past year. The claim is made by some that diphtheria antitoxin acts in accordance with the law of similars; by others that it has no action at all; and by still others that it is an instance of Nature's method of cure. Many opinions are expressed, and many claims are made by those who, otherwise intelligent, do not possess a correct idea of the antitoxin itself or of the various therapeutic axioms underlying the art of prescribing. Attention is here directed to the relation between serum-therapy, as illustrated by the use of diphtheria antitoxin, and homœopathy. Less confusion would exist on the subject if the cardinal principles of homœopathy were widely and correctly understood. These principles are the embodiment of simplicity, and yet, strange to say, one of the most important of them has been absolutely ignored by many, if not all, who claim that the administration of diphtheria antitoxin is an example of homœopathic therapeutics. This principle is that no drug or substance shall be administered with the intent of healing until its pathogenetic power shall have been demonstrated by provings upon the healthy organism. The great prin-

ciple indicated by *similia similibus curantur* is that a drug shall be administered for therapeutic purposes in those cases presenting a series of symptoms similar to the symptoms producible by the drug when given in sufficient doses to the healthy. Homœopathy's posological principle is that a drug shall be administered in a quantity small enough and at intervals sufficiently separated to avoid an "aggravation" of the diseased condition. This was the original idea concerning the homœopathic dose, and all other ideas are the result of unstable fancies and the mistaken deductions of over-zealous partisans.

With these therapeutic principles in mind, it should be a simple matter to determine the relation of serum-therapy or any other therapy to homœopathy. Those who claim that the use of diphtheria antitoxin is an instance of homœopathic therapeutics probably confuse the toxin and the antitoxin. What the toxin can do when injected into a healthy animal has been amply demonstrated. The antitoxin, theoretically at least, cannot produce the series of symptoms characteristic of diphtheria. It remains, at all events, to be demonstrated just what, if any, pathogenetic power is possessed by the so-called "diphtheria antitoxin." Until this is done it is unwise to pronounce for or against the homœopathicity of antitoxin to diphtheria. The "proving" once made, the question is definitely answered. As to the dose it matters not whether .001 cc. or 25 cc. be used, provided a cure can be made without the production of an aggravation of the symptoms. With this proviso the dose is at most only a secondary consideration.

"Does serum-therapy offer an explanation of the action of homœopathically applied drugs?" although a most interesting question, is very different from the question, "Is the use of 'diphtheria antitoxin' an example of homœopathic therapeutics?" The question has been considered by many, and an answer to it may be found in Dr. Damon's "Thoughts on Serum-Therapy and Homœopathy," presented in this issue of the *Gazette*. We may be pardoned for subjoining remarks presented by Dr. Winthrop T. Talbot at a special meeting of the Boston Homœopathic Medical Society held November 21, which bear upon this phase of the subject:—

The admirable paper upon the "Relation of Serum-Therapy to Homœopathy," read by Dr. Sutherland at the meeting of the Society, November 7, was listened to with much interest by all who

had the privilege of hearing it. The following points have been suggested by the paper as bearing directly upon the subject and as a help toward the better understanding of the relationship of this most recent and satisfactory approach of old school medicine toward the more scientific attitude concerning drug action which Samuel Hahnemann adopted so many years ago and which in the natural order of things is now demanding attention to a greater extent every year from careful observers.

There can be little question but that the experimentation now in process in serum-therapy tends toward a better understanding and a wider promulgation of the methods and theory universally accepted by new-school practitioners. It is perhaps a little early to lay much stress upon the doctrinal portion of serum-therapy. Experimentation has been of too crude and brief a character to afford sufficient data upon which to theorize in any other than a most superficial manner.

The serum used to-day in combating diphtheria is commonly called antitoxin. It is well to understand what is meant by the term antitoxin. Quoting from the most recent dictionary of the English language, the definition, for which Dr. Prudden is probably responsible, is as follows: "Antitoxin is a substance formed in the body which neutralizes the poisonous products of a micro-organism. A defensive proteid."

Inasmuch as the consideration of the relationship to homœopathy of serum-therapy depends upon what may be considered to be the mode of action of the antitoxin, and the meaning which we may give to this word this definition is of especial interest to us. Apropos of the use of this word *antitoxin*, the liberty is taken of translating a portion of the very interesting paper by MM. Roux and Martin in the Annals of the Pasteur Institute for September, 1894, entitled "A Contribution to the Study of Diphtheria." (It may be said incidentally that M. Roux is chief of service at the Pasteur Institute and is now spoken of as the successor of M. Pasteur. M. Martin is responsible for the preparation of the serum employed and much of the experimental work with serum in diphtheria at the Pasteur Institute and the two children's hospitals in Paris where most of the experiments have been made in this investigation.)

"What action does antitoxin of diphtheria exercise upon the toxin? Do these two substances when mixed together neutralize each other, or do they continue to exist, one alongside of the other? If they do neutralize each other, why do the effects of the poison continue to show themselves?

"We have said that the mixture of one part of serum and nine parts of toxin injected beneath the skin of a rabbit is so harmless that it does not even cause œdema. It seems, then, that all the toxin is destroyed. Let us not come to this conclusion too hastily. The same mixture which causes no appreciable tumefaction in the rabbit, induces a marked œdema in the cellular tis-

sue of a hare and will kill the animal finally if introduced into its veins. The outcome varies according to the mode of making the experiment.

“Without wishing to treat here at length concerning this important theoretic question, we would say that *anti-diphtheritic serum is not antitoxin* in the true sense of the word. Added to the toxin it leaves it intact; injected in animals, it acts upon the cells, rendering them for the time, as it were, insensible to the poison. The proof of this lies in the fact that the quantity of serum employed sufficient to protect fresh rabbits against a lethal dose of virus or of toxin, does not delay the death of rabbits of the same weight whose resistance has been enfeebled by prior inoculations with microbes or by injections of microbic productions. If the antitoxin destroyed the toxin, the same quantity of serum would prove efficacious with all rabbits of the same weight. Guinea pigs in a perfect state of health, but inoculated several weeks before against cholera, and others which have undergone the action either of micro-bacillus prodigiosus, or of Kiel bacillus, have been killed by the bacillus or the toxin of diphtheria in spite of the fact that they had received beforehand a injection of anti-diphtheritic serum.

“On the other hand, rabbits having undergone no prior inoculation, resisted perfectly provided that they had been given even a feeble dose of the therapeutic serum. The natural explanation of these facts lies, does it not, in the action of the serum upon the cells? — the cells of fresh rabbits being in better condition to respond to the stimulation of the serum? Rabbits, even though apparently vigorous, on which an impression has first been made by bacterial products, remain without defence against the toxin.

“The study of phagocytic reaction in diphtheria has been undertaken at the Pasteur Institute by M. Gabritchewski. The conclusions at which he has arrived agree with the idea that *the preventive serums are stimulants and not antitoxic in character.*”

The conclusion of this quotation is striking, and is an explanation of the reason why the word antitoxin has not found favor either in France or Germany in speaking of anti-diphtheritic serum; as in France the word *serum-anti-diphtherique*, so in Germany, the term *heil serum* is employed.

This view of the leaders of thought in France to-day, namely, that the action of the anti-diphtheritic serum is that of a stimulant, perhaps, upon the white blood corpuscles, causing increased action whereby the original poison is destroyed, not by the drug, but by vital action on the part of certain cells, is of peculiar interest when compared with that theory of Hahnemann which lies at the basis of homœopathic practice, and of which he speaks in the following terms:—

“It matters little what may be the scientific explanation of how the curative action of medicines takes place, and I do not attach

much importance to the attempts made to explain it. But the following view seems to commend itself as a most probable one, as it is founded on premises derived from experience: As every disease (not strictly belonging to the domain of surgery) depends only on a peculiar morbid derangement of our vital force, when a homœopathic cure of the vital force deranged by natural disease is accomplished by the administration of a medicinal agent, a somewhat stronger, similar, artificial morbid affection is brought into contact with and, as it were, pushed into the place of the weaker, similar natural morbid irritation, against which the instinctive vital force *is thus compelled to direct an increased amount of energy.*"

To sum up. First, the experimentation with anti-diphtheritic serum is as yet meagre and incomplete. Certain experiments, however, go to show that the action of this serum is not that of an antitoxin in the true sense of the word, antidoting directly the toxin itself in the body, but that it has the power of *stimulating and exciting the cells of the body to an increased action* which is sufficient to counteract a poison which without it could not be accomplished.

Second, that homœopathic practice is founded in part upon a certain definite known action of drugs which causes an increased amount of energy to be displayed by what is called the "vital force" against disease. It is in this striking approach of the modern scientific attitude to the theory propounded by Hahnemann, that we find serum-therapy to be of interest to us as homœopathic practitioners.

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#### EDITORIAL NOTES AND COMMENTS.

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THE WESTBORO INSANE HOSPITAL'S ELEVENTH ANNUAL REPORT gives highly encouraging statistics, and furnishes much matter for earnest consideration. The following extracts from the report speak interestingly for themselves:—

"In view of the multifarious duties of administration and business management which devolve upon the superintendent of the hospital, the trustees have recently appointed a Consulting Board of Physicians and Surgeons to assist and advise him in relation to strictly medical duties. Ten distinguished homœopathic practitioners have been selected, and they present this year for the first time a report to the trustees, which is appended herewith. The trustees believe that much benefit to the hospital will result from this attempt to place it in professional relations with men engaged in the active practice of medicine and surgery. . . . At last this hospital is upon a self-supporting basis. It will probably continue to be so if there is no diminution in the num-

ber of patients. The average number of patients during the year was 564.35, the average weekly cost being \$3.63. The average number during the previous year was 530.95; average weekly cost, \$3.65 $\frac{57}{100}$ .

\* \* \* \* \*

“The following table shows the movement of population for the past year:—

	Men.	Women.	Totals.
Patients in the hospital Sept. 30, 1894 . . . . .	223	350	573
Admissions within the year . . . . .	111	143	254
Whole number of cases within the year . . . . .	334	493	827
Discharged within the year . . . . .	125	135	260
Viz.: as recovered . . . . .	30	37	67
much improved . . . . .	20	21	41
improved . . . . .	13	14	27
not improved . . . . .	20	19	39
not insane . . . . .	4	6	10
Deaths . . . . .	38	38	76
Patients remaining Sept. 30, 1895 . . . . .	209	358	567
Daily average number of patients . . . . .	215.36	348.99	564.35

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“On page 94 of the annual report of the State Board of Lunacy and Charity, among other matters relating to this hospital, there is the following statement:—

“‘There is also a very imperfect classification of patients, and, in consequence, less discipline, much noise and confusion, and in some of the wards excessive and unnecessary crowding. A large number of the patients are in restraint or seclusion. A more equal distribution of patients could easily be made and would add much to the efficiency of the hospital.’

“This criticism brings the entire matter of our method of treatment into consideration. It has been the purpose of this hospital since its establishment to use all proper means to promote the recovery of all curable cases. With this end in view, the cases that require quiet surroundings, pleasant rooms and a lack of crowding are placed under such conditions. Were we to consider this wholly an asylum, and distribute the patients when they are admitted upon the wards according to the direct number of square feet contained in each, that each ward might be equally crowded, we could not do this. The chronic case, who requires chiefly good food, good care and occupation and entertainment, can endure more crowding than can the acute case, who is either depressed or recovering from acute mania. We have always kept some wards where such pleasant surroundings would be given, and we have felt that this has been of much benefit in preventing patients from passing into dementia and in hastening the period of convalescence. Therefore our classification is intended to provide for the needs of the acute cases, while properly caring for the chronic insane.

“Considering the question of the patients being in restraint, meaning thereby mechanical restraint, I would say that we do not believe in drug restraint, — we believe that it is wholly injurious, that it retards and often prevents recovery and that our patients are better without it; that a little noise is not unwholesome; and that where patients are destructive or homicidal or suicidal we believe that mechanical restraint is the least harmful measure that can be applied for their own protection and that of others.

“It is true that a very large majority of all cases admitted to insane hospitals are of the incurable class, but it is none the less true that a portion belong to the curable class; and if we can cure seventy or eighty per cent of these acute cases, instead of half that number, we are justified in what we have done and are doing to restore them to lives of usefulness, and incidentally to save the state many thousands of dollars for maintenance. . . .

“Dr. Wm. O. Mann left by resignation January 7, to go to a similar position offering larger salary and better prospects of advancement than here. He went with the well wishes of all. Dr. J. F. Bothfield left by resignation January 23, to engage in general practice. We wish him the best of success. During the period when by reason of these two resignations so close together we were rather short-handed, Dr. James P. Pursell of Easton, Penn., kindly came to the hospital as assistant physician for six weeks, and his services were highly appreciated. Dr. H. I. Klopp of Reading, Penn., a graduate of the Hahnemann Medical College, class of 1894, was appointed assistant physician, and commenced his duties February 22. Dr. G. Francis Adams of Pulaski, N. Y., a graduate of the Hahnemann Medical College of Chicago, class of 1888, and who had had several years of successful general practice, was appointed to the position of assistant physician, and began his duties March 14.”

FROM THEORY TO REALIZATION.—“Translation from theory to experience is a queer thing, isn't it, Doctor?” says Douglas, meditatively. Douglas is not looking like his sturdy self, this Christmas Eve. He sits as a man sits who trusts all his weight of tired body to the chair beneath him, feeling that he has no strength wherewith to sustain himself if that support fails. The lids droop grayly over eyes dim with watching; the voice is scarcely more than a rough whisper.

The Doctor does not answer for a long minute, and then he does not answer in words. He takes Douglas' pipe, untouched for six heavy days, from its rack above the fireplace, and fills it with that scientific touch which is educated by long habit to mechanical perfection; he hands it over with one hand and a kindled Vesta with the other; he pushes the brown toby across the table within easy distance of Douglas' listless reach; and then he silently stands for another long minute with his hand resting

steadily, strongly and tenderly on the shoulder of the man who as a lad was his favorite student, and who for many kind, working years had been his right hand in the work so dear to them both. Having done which, the Doctor apparently feels he has made answer enough, for he resumes his seat, and smokes in tranquilly social silence.

Apparently, also, Douglas feels himself answered; for after a pause in which he, too, has burned much incense to the "great god Nick O'Teen," he takes up again, with steadier voice, the trend of talk.

"Of course you knew well enough what I meant, Doctor, when I said the translation from theory to experience is a queer thing. I suppose I've had about as decent ideals of my profession as most men, thanks to your upbringing of me. I've thought I grasped the idea that the doctor, in great emergency minutes, is a deity in the sick-room: just seems to the poor souls and racked bodies there as God's very vice-regent, holding in his hands the keys of life and death. You told me once that if I kept that fact clearly enough in mind, I shouldn't need to study any manual on sick-room manners. I've tried to remember it: and I've supposed I realized, after a fashion, what it meant, that this was true; but in these last few days, and in those days two years ago"—

The voice is very hoarse again. And again there is silence.

"Why, Doctor, when, two years ago, I knew the fight was on between Death and you for my wife's life and the life she was willingly, joyfully, proudly perilling her dear life that she might bring out into this world's light and happiness and to me the child's father—when I knew that in that fight your skill and wisdom and fidelity meant just the difference between my keeping Nell and my losing her—well, I found out partly then, through learning what it means to trust a doctor, what it ought to mean to a man to be a doctor. And I've finished up that lesson these last six days. What was I good for that night Jack's croup first came on? How do you suppose the idea of 'exhibiting' experimental doses of spongia and so on and 'noting results' commended itself to me, with Nell's eyes on me, and death's fear in her eyes, and every gasping breath her boy and mine drew just strangling out the breath from my own throat? Spongia? Why, I couldn't even *pray*! I just put for you, and got you and *held* to you, Doctor; and it was at your very hands I felt I took that lad's life back out of the awful dark. And it isn't the least shattering part of the after-clap of those days, to realize that just as I held to you while they lasted—I, poor half-taught, half-capable beggar of a medical guesser and experimenter that I am!—I have been held to, by men and women whose hearts' heart is being held over the black abyss whose depths I've sounded. It frightens me to death, Doctor, and that's the fact. You see I've passed from theory about being a doctor to experience as to what a doctor is expected to be."

"You've humanized your profession, I suppose you mean," said the Doctor, musingly, between his puffs. "And by so much you're fitter to practise your profession, therefore. It's the only cure for routine and dogmatism and self-confidence, three of a doctor's seven deadly sins. You've got one lesson more to learn, though, my lad, in your curriculum of education in humanity. You've got to learn what it is to be a doctor, when the man you love best trusts you the lives of those *he* loves best, when Death is asking those lives, too."

It was Douglas' turn to make a man's most eloquent, because wordless, answer.

"Every profession has to humanize itself," went on the Doctor, musingly, after a pause. "The soldier can talk war intelligently only after he has known what it is to ride out battlement to the music of 'The Girl I Left Behind Me.' The priest holds his first funeral service worth listening to only after he has heard the clods fall on the coffin whose plate bears the name to whose like he answers. The lawyer—well," said the doctor whimsically, "his profession isn't rich in humanities, anyhow. But the doctor—it's just such days as these last six have been for you—and," said the Doctor, slowly, knocking the ashes out of his pipe with a hand that somewhat trembled—"and for *me*, that make a man realize why he's a doctor, and wonder how he's ever going to be a doctor. It wouldn't be cheerful, exactly, either the realization or the wonder, if Christmas didn't come at least once a year, to make a man hope that when he's doing his poor, ignorant, faithful, blundering best, the same High Brethren that came down to ignorant men on the plains of Bethlehem, may sometimes be standing at his shoulder, and guiding his right hand!"

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#### SOCIETIES.

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##### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The meeting on December 5, was called to order by the President, H. C. Clapp, M. D., at 8:07 P. M. On motion of the secretary, Dr. Briggs, the reading of the records of the last meeting was deferred, the same to be printed in the *Gazette*. The president read a list of proposals for membership. He suggested that a vote be taken as to whether the secretary cast one ballot for the whole number at once, and it was so moved, seconded and carried. The secretary accordingly cast one ballot for the whole list and they were elected.

Dr. Turner presented the following motion: "Agreeable to Article eight of the Constitution of the Society regarding amendments, I wish to offer the following amendment to the Constitution, to be voted upon at the January, 1896, meeting.

“That there be inserted in Article five, Officers, after the word *Treasurer*, and before the word *and* the word *Auditor*; and also in Article sixth, Duties of Officers, that there be inserted after the sentence describing the Treasurer’s duties, and before that explaining the duties of the Censors, the words, ‘The Auditor shall examine the accounts of the Treasurer at least twice a year, i. e., in June and December, and shall keep himself informed of the financial condition of the society. He shall report at the Annual Meeting.’”

Dr. Batchelder: “One matter has occurred to me to-night, and that is that the next meeting of this Society is the annual meeting and we usually have something in the nature of a social gathering with refreshments. Will it be necessary for the society to take some action in this direction as it has been customary to do in the past, assigning the work to certain ones, and designating who shall have charge of it? I would move that a committee of three be appointed, the chairman of which shall be the treasurer of this society.” The motion was seconded and carried. On a call for nominations by the president, the two secretaries were nominated and elected members of this committee.

Dr. Batchelder: “I would move that a committee of three be appointed by the chair to nominate officers for this Society for the ensuing year, and instead of following the custom of last year to present their report in print, that is, issue a circular stating the nominations, that to be sent with the programme for the next meeting to each member.” This motion was seconded and carried, and the President appointed Drs. Coffin, Bellows, and Mosher to serve on that committee.

#### SCIENTIFIC SESSION.

*Pathological Specimens.* — Dr. Tower: “I have written the notes on this case as I took them from time to time when visiting the case, because it was an obscure case and I was looking forward to the time when I could solve what the trouble was.” (Paper followed.)

Dr. Winn: “During my term of service at the Hospital last summer a man was brought in from Ashburnham for treatment. He was an elderly man who had been in the habit of catheterizing himself, and had broken off a piece of the catheter which remained in situ. About two-thirds of the piece was in the bladder. Of course I expected to have to make a perineal section and remove the piece, and first I thought I would pass a catheter and see if I could locate it. So I passed a large silver catheter into the urethra and straight into the bladder without any trouble. But when I started to draw out the catheter it did not come at first, but on making further traction I drew out the whole thing, the end of the old catheter having passed into the eye of the silver catheter which I used. It is a curiosity to think of anyone’s us-

ing a catheter in the condition that this one is. He had used it for a year and a half. He said he could not pass a good sized catheter."

Dr. Spalding: "At our special meeting held two weeks ago, in the course of my remarks I stated that in the course of thirty years' practice I had lost but five cases of diphtheria. It was questioned as to whether my statement from memory should have been presented to the Society, which was perhaps just. Since that time I have taken pains to have my mortality records carefully examined, to find just how many cases I have lost. I must acknowledge that memory had failed me, for I have lost just eight cases in twenty-nine years' practice. We were not required to report our contagious cases during the first part of that time. Since I went through three or four years of what would be considered epidemics I think that eight cases would not be considered a very large per cent. This would raise the per cent to 3-4 per cent."

Dr. Clapp: "I think that Dr. Spalding's memory is exceedingly good. Before taking up the work of the section we will elect officers for the ensuing year for the section. I will appoint as a committee to nominate, Drs. Payne, Houghton, and Klein. We will now proceed to the work of the section, Dr. G. B. Rice Chairman."

#### SECTION OF OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

"Disturbances of Vision Due to Soft Cornea, and Report of a Case of Polypus of the Ear," A. A. Klein, M. D.

Dr. Klein first gave a description of the workings of an ophthalmometer, which he brought before the Society to illustrate his remarks on disturbances of vision due to soft cornea. After giving a detailed description of the workings of his instrument, he went on to say that the floating images often seen with the ophthalmoscope or ophthalmometer are not always due to the condition of the recti muscles but often to the faulty structure of the cornea and defects in the corneal substance itself. This condition exists naturally in young children and causes no trouble, but in case of adults it is a different matter. The defect in the cornea probably lies in the membrane of Descemet, which serves to retain the cornea in shape. It may lie in the corneal structure itself, but probably is most often seated in Descemet's membrane. With this weakness of the membrane the cornea is stretched, the child strains and the recti muscles begin to pull. The ciliary muscle nearly neutralizes this, and in this way a lenticular astigmatism is produced. The lens in children is soft and pliable, and there is hypertrophy of the ciliary muscle in the place where the cornea is defective. The lenticular astigmatism nearly neutralizes the corneal astigmatism, and if this neutralization persists the person goes through life without trouble until the time when the lens becomes hard. Then if the ciliary muscle tries to overcome

the defect it cannot, as the lens is so firm and unyielding, and symptoms of asthenopia begin. Following this Dr. Klein read a paper on two cases of trouble with the ear.

Dr. Bellows: The two cases cited were certainly most interesting to me. The capability of the ear as a storehouse is sometimes remarkable. It was only to-day that I removed a bit of sponge from a patient's ear, where it had been remaining without the patient's being conscious of its presence for a long time. Sometimes these bits of cotton will remain for months entirely unsuspected and work no harm, and then some little dislodgement will bring about inflammation, with ulceration and development of polypi. I recall one interesting case in which the patient was a child suffering from a pain in the ear and commencing discharge. I made a careful examination and found what was apparently a very hard mass of cerumen not attached at all to the walls. It was removed with much difficulty. There was something so peculiar in its appearance that I soaked it out in warm water. On washing away the wax I came upon a little cylinder which looked like parchment. On soaking still further I discovered two or three type-marks. The child had evidently torn off a bit of heavy paper from its picture-book, rolled it into a cylinder and thrust it into its ear. It had become much larger from an accumulation of wax. Then in some way it had been pushed inward, resting on the drumhead and causing ulceration and discharge."

Dr. Payne: "I want to say just a word as regards the ophthalmometer. I have had it in my office and used it some time as a matter of routine, but have found it unreliable. I do not depend on its reading. I have frequently found in the same case changes in the meridian and degree of astigmatism. It will tell the curvature of the cornea at the time but not with sufficient accuracy to base a prescription on. I think that small degrees of astigmatism should be corrected as they will bring on tremendous disturbances in neurotic patients. It is often necessary to apply your astigmatic glass of low degree, even below  $\frac{25}{100}$ , as  $12\frac{1}{2}$  will relieve very markedly."

Dr. Suffa: "In regard to the remark made by Dr. Klein, about high degrees of astigmatism not causing trouble until presbyopia appears, it has been my experience that high degrees do not give rise, as a rule, to reflex symptoms, either in the form of headaches or eye-strain. It is only the low degrees, degrees which the eye is readily capable of overcoming, or in other words, degrees which the ciliary muscle can readily overcome and care for, that cause trouble. With the higher degrees there is no attempt for distinct vision, hence there is no eye-strain. Degrees from  $\frac{1}{4}$  to one diopter have caused the most trouble. These cases call simply because they cannot get a glass that will correct the vision. The ciliary muscle has become so weak that it cannot overcome the astigmatism. When they go to read they can over-

come the astigmatism if the ciliary muscle is very strong, but when it comes to the time when presbyopia appears, they begin to have trouble."

Dr. Payne: "My experience coincides with Dr. Suffa's. The low degrees are of more importance in reference to reflex symptoms."

Dr. Klein: "One patient with 2 or  $2\frac{1}{2}$  diopters will show no head symptoms, nor reflex symptoms of any sort, and again, a patient showing only  $\frac{1}{4}$  diopter will have many symptoms. You may put atropine in the eye, and if the ciliary muscle is more hypertrophied in one direction than in another, it is an easy matter to overlook this astigmatism, which if the cornea fluctuates you do not see with the ophthalmoscope as with the ophthalmometer. I often see patients with  $\frac{1}{4}$  to  $\frac{1}{2}$  diopter on one day, and next time they show none whatever. You will often find that people will show the lines dark in one region and at the next sitting the lines will be different. It is astonishing how much we can relieve by a  $\frac{1}{4}$  diopter glass, especially if there are neurotic conditions present in the system. This does not amount to very much but still it will relieve the patient's mind, and I sometimes think it would do just as well to give them a plain glass. It is astonishing how much astigmatism we get in uterine or ovarian troubles, and these are the cases that we relieve with  $\frac{1}{4}$  or  $\frac{1}{2}$  diopter plus lens."

Dr. Suffa: "In regard to these low degrees of astigmatism, I think we get so many reflex symptoms because the patients make an effort to overcome the astigmatism, while in the high degrees the effort is not made. It may be that when there is any other trouble in the system it aggravates the eye condition, and is an element producing more trouble."

"Foreign Bodies in the Eye," John H. Payne, M. D. (to be published in the *Gazette* for January).

Dr. Suffa: "Foreign bodies on the cornea are usually referred to the upper lid. The patient will come to you and say that there is something on the upper lid, but you will search there in vain, because the particle is nearly always on the cornea itself. These particles are sometimes very small and difficult to detect. They are almost impossible to detect with the naked eye unless you look in an oblique direction on the corneal surface. If the light is directed into the pupil you cannot see the foreign body. It is a very good way to have the patient stand in a window and look off to one side while you stand in front of him. When you cannot detect the particle in that way, take an artificial light with a two-inch objective, and search for the particle with the eye turned in a lateral direction. In searching for foreign bodies under the upper lid I have found it convenient sometimes to grasp the lid and have the patient throw the head back and look down, and in this way you can look under the lid and see the particle when it is located high up and remove it with a spatula. Eyes that protrude are easier to treat in this way than those that are deeply set."

Dr. Klein: "I often find that washing out the eye a little is very good. I always use a fine brush first when there is a foreign body to be removed, instead of resorting to the needle or knife, and can generally succeed in that way. By this method I avoid wounding the cornea. I have often found that after pulling the lower lid nearly down there is a sort of fold underneath which hides the particle, but when you press the lid away down you will find the foreign body. I seldom use the cataract needle in these cases."

Dr. Payne: "The action of cocaine in relaxing spasm of the eye is very important, as the eye is a very sensitive organ. Cocaine is most excellent, either to remove the particle itself, or to bring it down into the field of vision. A drop of cocaine will often do the work after the failure of everything else."

"Recent Notes from German Ear Clinics," H. P. Bellows, M.D.: "I will call attention to a few points of interest which I have met during the past summer in the German ear clinics. In the first place, in regard to the examination of the ear. I find that they use the vocal test in Germany as it used to be used years ago much more than in this country. That is partly because the patients are seen so much in the large clinics in large rooms. The German professors have rooms which will stretch a distance of forty feet. The loud whispered word is the test, the physician whispering as loud as possible. Numerals are usually used. The use of forks I found about the same as eleven years ago, with the exception that the fork in middle C, which is the standard, is used upon the vertex more than it used to be. A still more noticeable difference is the use of a fork in F of the 4th octave. This is a heavy fork which is not liable to give rise to little sharp over-tones. It is not struck, but simply set in vibration. There is no over-tone. The test is always made by air conduction and not bone. Its purpose is the discovery of beginning destruction of the auditory nerve, which begins in the portion which is concerned in the perception of the highest tones. In case of middle ear sclerosis where the nerve is involved the impairment of hearing for the highest tones is first noticed. The Galian (?) whistle, used here to some extent, is used there. That enables one to sound different tones and a succession of tones, so that if there is any one that is not perceived it can be recorded. In regard to the treatment of the ear, of course inflation still holds the foremost place, especially in catarrhal affections and also in aiding to clear the ear in certain troubles. The catheter is in use as a rule more frequently in Germany than in this country. It is made an absolute rule that if one ear is sound the catheter shall be used instead of Politzeration, in fear of injuring the sound ear. Both hard rubber and silver catheters are used and both have their friends. It is an open question as to their relative advantage. Looked at from the patient's side the hard rubber catheter is better, as it causes the patient less pain,

but it is much more difficult to disinfect, so that the clinics are about equally divided. In those where strongest emphasis is laid on disinfection the silver catheter remains supreme, being disinfected by boiling. The form of the two is somewhat different, the silver catheter having as a rule a longer beak than the hard rubber. This enables one to catheterize with better results in some cases with the silver than with the hard rubber form. The mode of manipulation is different in case of the hard rubber. The point of departure is generally taken from the contact of the beak with the posterior border of the vomer, whereas when the silver catheter is used it is brought forward until it engages the upper surface of the soft palate. This causes much more pain to the patient, which is a matter of minor importance in these clinics. This catheter is the one which is in use in Schwartz's clinic, and has a bulb on the end. (Specimen of silver catheter here shown.) The bougie in connection with the catheter is still used a great deal. The use of the air-bag in connection with the catheter is much facilitated by a new form containing a valve so that the bag is refilled without removing it from the catheter. This makes the operation much speedier and better for the surgeon. When ordinary Politzeration is used in clinics where perfect asepsis is sought, a bag is used which contains a glass chamber into which antiseptic wool is put, so that the air which is blown into the nose has to pass through this wool and is purified.

“*Massage treatment.* In this country it has been carried to an extent that gives us most satisfactory results, and I find that we are in advance of foreign physicians in the treatment of middle ear troubles by massage. There is little massaging of the ossicles. In one clinic I saw a patient in whose case massage was produced by shouting different vowel sounds close to the patient's ear. The treatment occupied from fifteen minutes to half an hour. The physician does not attribute the action in this case to the process of massage as in this country, but considers it an education of the auditory nerve and employs it in those cases which are nearly deaf mutes. It would follow that the constant hearing of vowel sounds, and, later vowels with consonants would be an education of the perceptive faculties. . . . In one Berlin clinic I found an organ for massaging by means of the vibrations of reeds, but it had not been carried very far, and no definite results had been obtained. I found that great attention is being paid to the condition of the naso-pharynx. In fact, it was the rule in the examination of all children for the first time to pass the finger into the naso-pharynx to be sure that there was no adenoid tissue there. I did not discover that this procedure was any more agreeable to the patient than it is in this country. In one clinic I saw an instrument in use that I never saw in any hospital or dispensary in the United States, and that was a rattan. I soon discovered its use. If a child was refractory the physician

reached for the rod and if that did not work the rod was applied, thus enabling the physician to perform the operation in hand. They have a method of clearing up the naso-pharynx by means of a tube, the results of which are excellent. It is a hollow tube bent into a hook on the end which is perforated. This is introduced into the throat and the hook carried up back of the soft palate. There is a moment of gagging with the hook hanging there, then a stream of water is applied by means of a large syringe, the fluid running out partly through the mouth and partly through the nose. All adenoid operations are performed without anæsthetics. The child is enveloped in a rubber apron and held in the arms of an assistant similarly attired. The operation is done by main force and done very thoroughly. The instruments used are as a rule those employed in this country, curettes being used more than forceps. A scoop curette is introduced into the mouth, carried up behind the soft palate and the naso-pharyngeal space scraped out very thoroughly. The mass is seldom swallowed. A smaller scoop is used in the same way, with great danger of wounding the mouths of the Eustachian tubes on one or both sides. One form, protected by letters patent, is shaped like the end of a toboggan and is introduced behind the soft palate, and through a square opening the growth is embraced, then a knife is pushed up the inclined plane and the growth cut off. The main objection to this is from the fact that the growth is swallowed in the majority of cases. The hemorrhage is excessive. The latest form of adenoid curette is square at the bottom and is much better than those which are constricted at the base. I also saw a preparation of the tympanic cavity with the membranes and ossicles all intact with the chorda tympani and facial nerve showing as two distinct lines. This can be inspected by a large lens, held against the light, and the exact relationship of all the parts can be noted. I saw this in Holland, and tried very hard to purchase a preparation, but could not; they were not on the market. It is made by extraction of the bony salts from the preparation by long continued maceration in acids and then the use of a nerve stain to bring out the nerves. The preparation is then treated with oils to make it transparent, and then mounted in balsam in a little glass chamber, where it can be inspected through an ordinary lens."

"Report of a Case of Disease of Antrum of Highmore." Eliza B. Cahill, M. D.

Dr. Bellows: "I saw a new operation performed in Berlin, in which the opening was made through the alveolar process above the teeth, so large that the whole cavity could actually be inspected. The patient disclosed the opening on raising the upper lip. Dressings were done by introducing large wads of cotton through this opening. This admits of syringing, irrigation, inspection and removal of all carious parts. It seems to be quite a new departure and ensures a radical cure."

“Dr. Tower: “I have had a little experience in this line. I supposed that I had a case of abscess, but on opening into the antrum there was nothing there. I had found pus and I thought there was clear indication of an abscess cavity. But the case was one of sloughing of cellular tissue.”

Dr. Suffa: “Is it possible to have suppuration in the antrum and to have the abscess heal without any operative procedure where the discharge of pus is quite excessive, in the nose, where the amount varies from day to day and lasts several weeks?”

Dr. Tower: “The question is still as to diagnosis. It is possible that the pus does not come from the antrum itself.”

Dr. Suffa: “The diagnosis was quite clear, from the amount, the odor, and the swelling under the eye which was excessive and almost sufficient to close the eye.”

Dr. Rice: “It is always well to remember when we have a constant discharge of pus from beneath the middle turbinated body that it may come from some other part beside the antrum. Beneath this open the anterior ethmoidal cells, the frontal sinus and the antrum. The discharge of pus may come from any one of these accessory cavities of the nose. Then the pus may also pass from one of these accessory cavities through the antrum into the nose. So if the pus is found coming from the antrum it is not conclusive evidence of abscess here.”

Dr. Bellows: “The use of the electric light is of practical value in the diagnosis of this condition. Place a powerful lamp in the mouth with the patient in a dark room. The translucency of the unaffected side, compared with the other side makes a striking picture.”

Dr. Rice: “One word about Dr. Cahill’s paper. She speaks of dilating the middle meatus, finding a spot of pus, and making an opening large enough to dress the abscess. The cases are very rare where this opening can be seen as the middle turbinated body is apt to encroach on the cavity of the nose, and it is almost impossible to throw light into the cavity, even by dilatation with tampons. I think the cases are rare where it could be used successfully. There must be either atrophy or removal of the turbinated body.”

This terminated the session of the bureau, and President Clapp, on resuming the chair, called for the report of the committee on nominations of officers for the section for the ensuing year. The committee reported as follows: Chairman, Dr. Klein; Secretary, Dr. Cahill; Treasurer, Dr. Sylvester. The report was adopted and the above named were declared elected for the ensuing year.

The meeting adjourned at 10.03 P. M.

#### *LOWELL HAHNEMANN CLUB.*

The Annual Meeting of the Lowell Hahnemann Club was held Nov. 26, at Dr. Stephenson’s office. The officers chosen were: President, Dr. F. A. Warner; Vice-President, Dr. G. F. Martin;

Secretary, Dr. Nellis Stephenson; Treasurer, Dr. E. B. Holt. The treasurer's report showed a surplus in the treasury, ten dollars of which were voted to the Lowell Homœopathic Dispensary Club.

Dr. Leland then took the chair and introduced the day's topic, "Typhoid Fever," speaking in a concise manner of its etiology, prevention and treatment.

The subject of thermometry was discussed, Dr. Hunter reporting some valuable points discussed at the American Institute of Homœopathy. The efficacy of cold baths and packs was then taken up, leaving the impression upon the minds of the younger members, that while packs were of undoubted benefit, it were better to leave the cold plunge bath to practitioners whose scientific reputations were founded upon Archean Rock. The use of remedies in this disease was relegated to the next meeting in December.

NELLIS W. STEPHENSON, M. D., *Secretary*.

#### HAHNEMANN ASSOCIATION.

The Second Annual Meeting of the Hahnemann Association was very successful, being held at that well known resort for good dinners, Delmonico's, Nov. 21, 1895. An assemblage of ladies and gentlemen, filling Delmonico's large banquet hall, was present from New York and vicinity, with a number of members and visitors from Boston, Philadelphia and other places. The social part of the meeting before the banquet was exceptionally successful and every one enjoyed a pleasant hour of social converse. After a most excellent dinner, the President, Dr. J. Lester Keep, in calling the meeting to order, gave in a short address the history and aims of the Association, to not only honor the memory of Samuel Hahnemann but to advance the interests of homœopathy by interesting and associating laymen and physicians in a body which can make its influence felt. Dr. F. J. Nott in a very happy manner filled the post of toast-master and introduced the following speakers: Senator J. H. Gallinger of New Hampshire, Hon. D. H. Chamberlain, ex-Governor of South Carolina, Hon. W. H. McElroy, and Rev. H. A. Brown, D.D.

Dr. Pemberton Dudley made a few remarks and wished the Association success on behalf of the American Institute of Homœopathy, particularly in this coming centennial year.

A short address brought the meeting to a close.

The following officers were elected: President, Neasteri Desebere, M.D.; First Vice-President, F. J. Nott, M.D.; 2nd Vice-President, C. W. Butler, M.D.; 3rd Vice-President, C. S. Macy, M.D.; Recording Secretary, S. H. Vehslage, M.D.; Corresponding Secretary, H. D. Schenck, M.D.; Treasurer, Alton G. Warner; member of executive committee for three years, J. Lester Keep, M.D.

Among those present were: Drs. Korndorfer and Dudley, Philadelphia; Dr. L. A. Phillips, Boston; Mr. Henry Huetz, Ex-Mayor Collins, Mr. Mathews, Mr. and Mrs. Colman, Dr. and Miss Doughty, Dr. and Mrs. Shelton, Dr. and Mrs. Norton, Dr. and Mrs. Porter, Dr. and Mrs. Roberts, Dr. and Miss Paine; Drs. Wilder, Schley, Dennis, Baem, M. Belle Brown, Gaddes, J. V. H. Baker, Cort, Dearborn Neary; Dr. and Mrs. J. Lester Keep; Drs. Chapin, Warner, Paige and Atwood; Dr. and Mrs. Schenck.

H. D. SCHENCK, *Secretary*.

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### REVIEWS AND NOTICES OF BOOKS.

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“THE PRACTICE OF MEDICINE.” By William C. Goodno, M. D., Vol. II. Philadelphia: Hahnemann Press.

This book is before us and is a fitting companion to the first volume, recently noticed in these columns. One hundred and seventy-five pages are given to the discussion of diseases of the circulatory system, in which a very clear outline of the pathology, symptoms and treatment of this class of diseases is given, — exophthalmic goitre is referred to in a much more hopeful way than common, the author believing that Pepper’s 20 to 25 per cent of recoveries should be much increased.

Among the heart tonics agaracin  $1^x$  is mentioned as of the highest order and as such is said to have been first suggested by the author. Judging from his experience the drug is worthy of more frequent trial.

Diseases of the respiratory organs, the kidneys, liver and gastrointestinal tract are given due prominence, an excellent chapter on urinalysis deserving mention.

Some may take exception to the statement that “about 80 per cent of all cases of appendicitis end in recovery without surgical interference;” however, careful surgical supervision of each case is advised and the danger of a too conservative policy is emphasized.

In the treatment of acute articular rheumatism the author is outspoken in favor of colchicine, considering it as nearly a specific for this affection as quinine is for intermittent fever. A solution of one grain of Merck’s preparation to the ounce of alcohol is used and given almost to the point of its physiological effect, three or four drops every two to four hours.

Obesity is discussed in a practical way, diet and exercise being given deserved prominence; phytolacca is characterized as useless.

By the prominence given to *rest treatment* throughout the work one is impressed with the idea that the writer is an American physician and instructor of wide experience, speaking to American physicians concerning their American patients.

Prof. Goodno is to be congratulated on having given us one of the best books to be found in modern homœopathic literature.

G. E. M.

“HINTS ON DOMESTIC PRACTICE AND HOME NURSING.”  
By Anna Temple Lovering, M. D. Boston and Providence:  
Otis Clapp & Son.

This eminently sensible and practical little manual is well adapted to serve a triple use: First, to do missionary work among the laity, in winning them to hygienic fashions of living, and to conservative experiment with homœopathic remedies in event of illness; second, to instruct those unable to quickly obtain the services of a physician in an emergency how to properly select and administer a remedy suited to the patient's symptoms; and third, to smooth the physician's way by enabling him to find his patient at least none the worse for unintelligent “domestic treatment.” A fourth, and by no means insignificant use it may serve to every physician who will make it his pocket companion in recalling to him many small, helpful, practical facts as to dietetics and even therapeutics which may have escaped his memory. Its ample and accurate directions are couched in clear and simple language. It is among the most admirable little works in its important field, well adapted by its size for quick and easy consultation, and by its subject-matter for facilitating the work of the physician and lightening the risks and sufferings of the sick.

“OTIS CLAPP & SON'S HOMŒOPATHIC PHYSICIAN'S VISITING LIST” remains as the “banner note-book” for the use of physicians of the new school of practice. It is furnished in several styles and prices, and with its excellently scheduled spaces for business entries, its therapeutic suggestions, emergency hints and the like, it leaves nothing to be desired in convenience or attractiveness of appearance.

“THE PHYSICIAN'S VISITING LIST FOR 1896.” Lindsay and Blakiston.

This well-known Visiting List, published annually for forty-five years, presents several improvements in the new edition for 1896. More space has been allowed for writing the names, and to the “Memoranda Page” a column has been added for the “Amount” of the weekly visits and a column for the “Ledger Page.” To do this without increasing the bulk or price, the reading matter and memoranda pages have been rearranged and simplified.

“THE MEDICAL RECORD VISITING LIST FOR 1896,” New York: Wm. Wood & Co., is a capital example of the “dated” note-book, and is offered in handsome and convenient shape. The preparation of solutions for subcutaneous injection is included in its thoroughly modern hints to the progressive physician.

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It has been computed by the *Scientific American* that the death rate of the globe is 68 per minute, 97,790 per day, or 35,717,790 per year. The birth rate is 70 per minute, 100,800 per day, or 36,817,200 per year, reckoning the year to be  $365\frac{1}{4}$  days in length.

## PERSONAL AND NEWS ITEMS.

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DR. ORPHA BALDWIN-BRUCE has removed from Portland, Oregon, to Tampa, Florida.

DR. JOHN D. TUPPER, class of '95, B. U. S. of M., has located at Westport, Massachusetts.

DR. CHARLES B. HALL has removed from St. Johnsbury, Vermont, to 351 Cross St., Malden, Mass.

DR. MARY B. CURRIER has removed from 28 Brook St., Somerville, Mass., to 191 Broadway of the same city.

FOR SALE.—A Harvard Chair, second-hand, in prime condition. Apply to Otis Clapp & Son, 10 Park Square, Boston.

THERE is a good opening for an energetic young homœopathic physician in the town of Barre, Massachusetts, there being but one homœopathic physician to 2,300 inhabitants.

FOR SALE.—A second-hand Yale Surgical Chair, late pattern, almost as good as new; slightly rubbed and nickel plate a trifle rusty. Price, \$55. Also one Eureka Chair, slightly shop-worn, to be sold at a discount. For sale by Otis Clapp & Son, 10 Park Square, Boston.

DR. GEORGE B. RICE desires to announce to the medical profession that he will now devote himself exclusively to diseases of the upper respiratory passages. Office at the Woodbury Building, 229 Berkeley Street, Boston. Office hours from 1.30 to 3.30 P. M. Residence, 1088 Boylston St.

A LIVE, energetic physician, who is a college graduate (Ph. B.) and a graduate of Hahnemann Medical College of Philadelphia, with sixteen years' practical experience, desires to associate himself with a physician in Boston or New York with an established business. Am an all-round man, of genial disposition, and have made friends readily in the past; have done general practice in medicine and general special work in surgery, including mill and railway work, and eye, ear, throat and nose work. Thirty-nine years of age and married. Address "Physician," care Mr. C. O. Goss, 108 Dearborn St., Chicago, Ill.

NOT "BURNED," BUT HUNG! NOT A "WOMAN," BUT A MAN!

Dec. 13, 1895.

Dear Dr. Bray:—

The *New England Medical Gazette* does the honored memory of Cotton Mather wrong, through your report, as Secretary of the Worcester County Homœopathic Medical Society, of my post-prandial remarks at the Nov. 13 meeting. You represent me as having said that one of my women ancestors had been "burned" because she would not obey Cotton Mather's command to confess that she was a witch. Our New England ancestors never *burned* anybody for being alleged witches, or for any other cause. Again, the ancestor alluded to was not a woman, but a man, Samuel Wardwell, of Andover, hung among the very first cartload, at Salem, and offered his life if he would "confess to being a witch," but he refused pardon on such a condition, and died a martyr to truth, as he held it. His son's wife, Ruth Bragdon Wardwell, a common ancestress of the poet Longfellow and myself, was the heroine of Whittier's "Poem of the Old South Church," but, as Whittier wrote a near kinsman of mine, he took the liberty of locating the incident of her whipping here in Boston, and from the Old South Church, when as a historic fact it occurred fifty miles away, as he said. But the *whipping* did occur, and for her non-conformity to Puritan religious customs of church-going, fine-paying for non-attendance, etc. I am myself such an enthusiastic student of early New England history, that your misquotation of my allusions adds a new terror to after-dinner speaking, and an incentive to quit.

With kindest personal regards,

Sincerely yours,

J. HEBER SMITH, M. D.

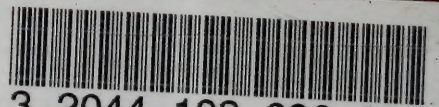








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